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ABSTRACT

This collection of four newsletters focuses on abilities and problems of and services for learning disabled persons. Major articles have the following titles and authors: "From Service Receiver to Service Provider: The Learning Disabled Young Adult Moves into the Work World" (A. Roffman); "Our Children's Future in the Workplace" (F. Yauch); "Making the Most of Your Vocational Potential" (C. Gaynor and J. Sargent); "College for the Learning Disabled: Myths and Realities" (I. Rosenthal); "Dispelling the Myths: The Challenge for Learning Disabled College Students" (S. LaPorta); "College Preparatory Curriculum for the Learning Disabled Student" (R. Peirce and D. Peirce); "Not Only Our Disabilities, but Our Immense Potential As Well" (C. Drake, the Landmark School, Massachusetts, program for dyslexics); "The Adult Dyslexic in Remediation: The ABC's and Much More" (J. Knight); "Job Attainment and Job Retention for the Learning Disabled" (E. Lederer and S. Gorbunoff); "Employing the Learning Disabled Adult" (L. Howes); "Parenting the Learning Disabled Child--One Parent's Experience" (T. Markowitz); "Learning Disabilities and Psychological Development" (J. Cohen); and "A Response: Further Comments on the Psychological Repercussions of Learning Disabilities" (E. Lapidos). (CB)

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Churchill Forum

THE CHURCHILL CENTER FOR LEARNING DISABILITIES, INC.

VOL. VIII NO. 1 NOVEMBER 1985

From Service Receiver to Service Provider: The Learning Disabled Young Adult Moves into the Work World

by Arlyn Roffman

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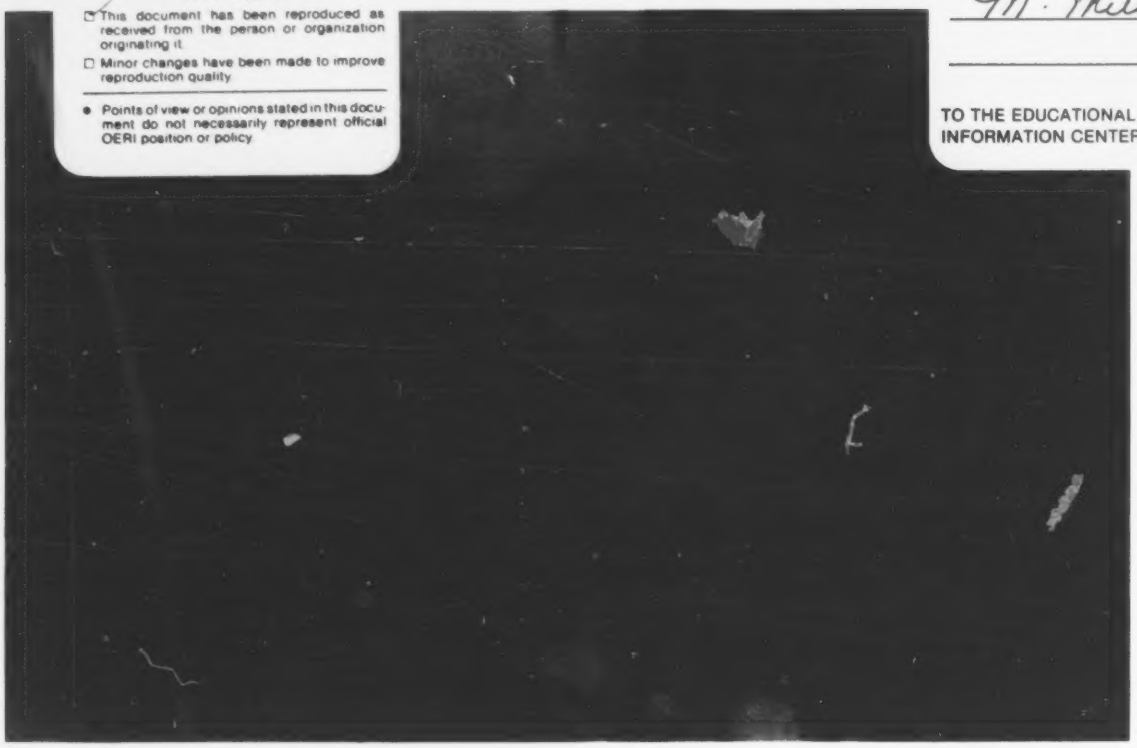

Young adults can and will succeed if given the opportunity to enter the work force well prepared.

"I have a career now, and my own apartment too!" exclaimed Darlene. "I never thought I could make it on my own, but I'm doing great. Look out, world! I'm making my mark!"

Darlene (a composite of several Threshold graduates) is a 22 year old young woman from New Jersey. She grew up learning disabled, received special services throughout her school years, and always longed to be a teacher. She babysat throughout high school and volunteered as a helper in her church's day care center during vacations. People always told her she had a way with children, and, in fact, she often seemed more at ease with the toddlers in her charge than with her peers or supervisors. But Darlene's learning disability presented a major obstacle to the realization of her goal of becoming a college-trained teacher. Despite years of remedial classes, upon graduation from high school, her reading was still at a fifth grade level and her math ability was even lower. Furthermore, test results indicated that her intellectual potential was in the low average range, making abstraction difficult and admission into a college or university an impossible dream.

Fighting the recommendation of a guidance counselor that she settle for a career in food services, Darlene, with her parents' encouragement, pursued training that would allow her to fulfill her potential as an independent adult, working with people. Darlene enrolled in Threshold, a nondegree college experience for young adults with learning disabilities, at Lesley College in Cambridge, Massachusetts. Three and a half years later, she is living and working independently in the Boston area.

While enrolled in Threshold's two-year campus-based program, Darlene was able to explore a paraprofessional

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Our Children's Future In The Workplace

by Frances Yauch

As the 1985-86 school year begins, we in the High School Division Office of Special Education Operations, New York City Board of Education are rechartering our course. Our goals continue to emphasize job preparation for special education students. The thrust is not a new one, but our sense of urgency has deepened. Ten years after PL 94-142, The Education for All Handicapped Children Act, which requires that every child with special needs be educated in the least restrictive environment, our children are leaving secondary school programs in large numbers. Where are they going? Nationwide statistics vary, but most studies show unemployment among handicapped adolescents substantially exceeding the numbers for inner city minority youth. A small number (perhaps 10%) go to college. Most students in our recent follow-up study are at home. Thus, we have been increasing our efforts over the last three years to move our school leavers into the job market.

Diploma Attainment

New York City's special education students attend virtually all of the city's 110 high schools. Like their fellow students in the mainstream, most (more than 75%) attend their zoned neighborhood high school.

A total of 14,000 students are in self-contained special education classes for part of their school day; 6,000 others are certified learning disabled and are supported in the mainstream by resource room service for one or two periods a day. Since for most students, the goal is a high school diploma, the Individualized Education Program (IEP), which determines each student's program, focuses on diploma attainment. Students can attend school until the age of 21, and many remain in high school for six years, spreading out the requirements over two extra years. Self-contained courses parallel mainstream content; credit is determined by each school's accreditation committee. In 1984-85, almost 700 New York City special education high school students obtained diplomas, a dramatic increase over earlier years. Students were tested, with modifications where needed, but they completed the full diploma requirements. We are proud of these achievements, but we must press forward to maintain these gains, as the State Board of Regents increases the requirements for diplomas. A section of the State Commissioner's Regulations known as "Part 100" spells out the increasingly stringent requirements being phased-in each year.

Occupational Education Sequences

As the school system gears up to meet these new requirements, we are developing plans and programs in special education that focus on the occupational education sequences in the regulations. For instance, as part of the new requirements for graduation, a three year or five year occupational education sequence can be offered towards high school graduation. These requirements closely parallel the sequence of career education/vocational education/work-study which we have long seen as essential to the job preparation of our students.

In order to meet the requirements for the three year sequence, the state provides for two years in an occupational education program (either business education, trade and technical programs, industrial arts, health careers, home economics or agriculture.) The five year sequence includes at least another year of occupational education, and, in addition, one unit of work experience. This parallels the program we are now offering. This work experience component is a major aspect of any job training program.

The state has designed a new one year course called "Introduction to Occupations" which must be part of every occupational education sequence. The course content emphasizes work behaviors and attitudes, decision making skills, and a basic understanding of the requirements of the work place. The required units are called "The Working Citizen" and "Personal Resource Management". Once again, they are closely related to the courses in career education which we have been offering in special education, and represent an excellent starting point for our students in preparing for work. The curriculum will be piloted during the 1985-86 school year.

These occupational education sequences are being developed in cooperation with the mainstream department chairpersons throughout the city. It is expected that students will continue to participate in mainstream occupational education wherever it is feasible, while parallel self-contained sequences are offered to students who are not ready for the mainstream.

We feel that Part 100 is giving us the structure to provide an occupational sequence for every student. Even those students who are college bound can benefit from instruction in keyboarding, word processing and computer literacy.

Off-Site Instruction

Not every student, however, is able to succeed in an academic environment. Thus, this year, we are providing off-site instruction to more than 300 students, aged 18 to 21, who prefer a full-time work experience program with academic instruction on site. Many of these students will move directly into the labor market at the end of a year of training. Others will return to their zoned high school to continue their education. Some students are working on construction sites in the renovation of buildings on the Lower East Side; others are employed at sites throughout the city developed in partnership with industry and community organizations.

The High School Special Education program is developing these partnerships with industry through our linkage with the Board's Join-A-School program. The program focuses on developing supportive roles for business and industry in the schools. We are seeking new avenues of involvement with industry to expand our vocational training capability.

We see these partnerships as an essential avenue of training in the years ahead. The rapid obsolescence of equipment makes it difficult for schools to maintain state-of-the-art facilities for vocational training. Using the workplace as a training ground, we can expose students to equipment and procedures which are currently in use in industry.

Bridge To Post-High School Jobs

Traditionally, community service agencies have served students only after they have completed their schooling. But another new effort, a transition co-ordinator, funded this year with money from the Federal Vocational Education Act, will work with agencies to develop better programs of transition of school leavers to community agency programs.

One such agency, the State Office of Vocational Rehabilitation (OVR), which serves handicapped youth and adults (and recently has included the learning disabled as eligible for their services), provides planning and purchases services, including vocational training, to prepare individuals for work. We have always referred school leavers to OVR, but now we have a joint program with them in which counselors come into 16 high schools once a week to develop plans and evolve relationships with students and their families while students are still in school, thus providing an essential bridge to post-high school job preparation.

On Staten Island this year, we are starting a new program funded directly

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Our Children's Future

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by the State Education Department, called the Cooperative Services Model. The program is one of six funded jointly by three branches of the State Education Department working together - Occupational Education, Special Education and Vocational Rehabilitation. The project provides a team of three professionals, a special education teacher, an occupational education teacher and a vocational rehabilitation counselor, to work in three high schools to increase the success of special education students in occupational education, and to help the transition of graduating students into appropriate post-high school programs and jobs.

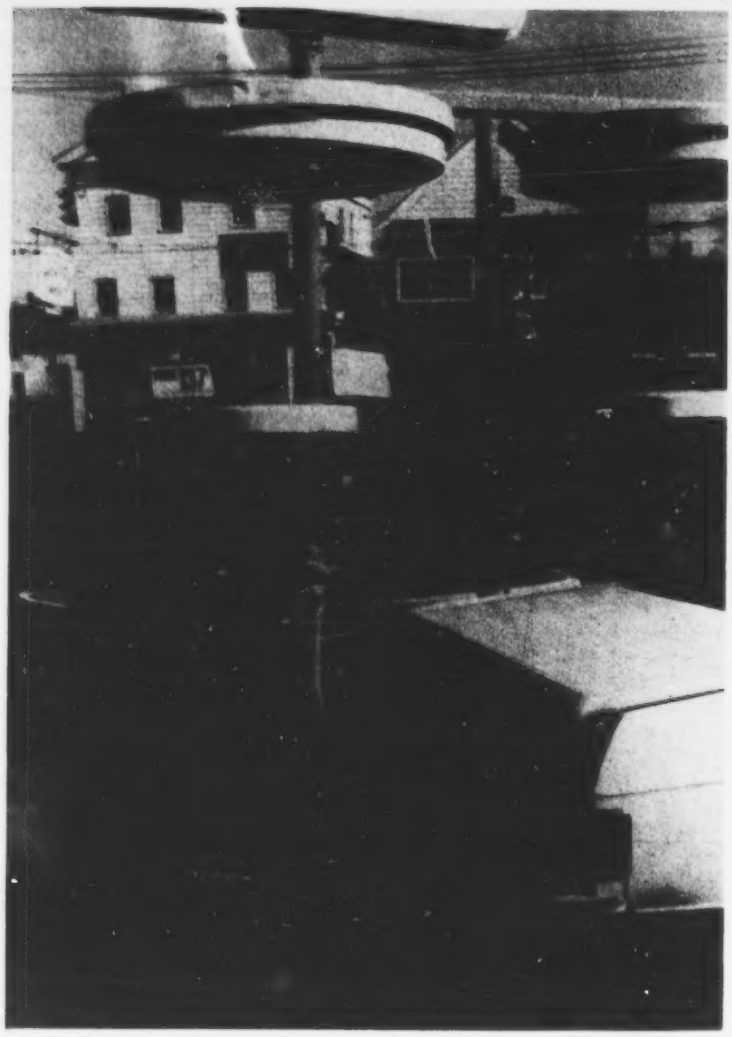
As students move into agency programs, problems can arise. Sometimes the vocational rehabilitation programs which prepare our students for work are not geared for adolescents. Traditional workshop settings can be a turn-off for higher functioning students. Thus, this year, our transition coordinator will work with agencies to develop new program models. We are excited by the concept of job coaches, who go into the work site and train the worker in job skills and behaviors, staying until the worker is ready to function on his or her own. The job coach would return as often as necessary to ensure job stability. We have not yet applied this new model in New York City and would like to work with agencies to develop it further. We feel it holds promise for students who need a substantial adjustment period on the job.

Development of Related Programs

Other models suggest themselves. Last year, United Cerebral Palsy in Brooklyn provided an afternoon training program in word processing funded by a grant for which they had applied. We sent students from several Brooklyn high schools on a half-day basis; they left school early and attended until 5 p.m. The results were excellent; two students, in fact, landed jobs paying $14,000 a year.

Furthermore, we are looking across the country for new ideas and models. In Baltimore, the diner from the movie "Diner" was taken over by the school system and renamed "The Kids' Diner". It is now a training program for students, as well as a functioning restaurant. In Tacoma, Washington, the school system joined hands with the supermarket industry and in "Project Retail" is training students in an industry-run supermarket.

We are looking at these ideas and considering how we can develop related programs.



Some vocational programs use the workplace as a training ground.

We live in the richest city in the world. Possibilities abound, and it is up to us to find and develop them and to make them the training ground for our children's future in the workplace.■

Frances Yauch is the Career Education Administrator in the High School Division Office of Special Education Operations, New York City Board of Education, where she has responsibility for program development in the vocational area for high school special education students. She has been active in the fields of both special education and vocational rehabilitation since 1955.

Do you have suggestions of articles you would like to see appear in the **Forum?** If so, please let us know.

The **Churchill Forum** would be pleased to consider manuscripts dealing with topics in the field of learning disabilities. Manuscripts should be double-spaced and not exceed 1200 words. Receipt of manuscripts will be acknowledged. Unaccepted manuscripts will be returned only at the writer's request. Send manuscripts and/or abstracts to: Editor, The Churchill Forum, 22 E. 95th Street, New York, N.Y. 10128.

MAKING THE MOST OF YOUR VOCATIONAL POTENTIAL

by Christine Gaynor & Jeanne Sargent

A learning disabled young woman graduates with honors from a business academy. Over a period of two years, she is able to obtain two office jobs only with great difficulty, and fails in both because of her inability to "fit" into a sophisticated and stressful office environment and of the competitive nature of the field, - a field which rarely accommodates an employee of slower than average speed. After much vocational counseling, she comes to the realization that she has always wanted to work with children. Her natural warmth and sensitivity become major assets in the child-care field, and she contributes substantially to a pre-school program as a teacher's aide.

After high school, a young man goes on to college. He struggles for a year and a half not so much with the course material, but rather with total social isolation. He lacks experience and knoweldge in basic life skills such as cooking and maintaining an apartment. The unusual and unpredictable nature of his seizures as well as his severe perceptual disabilities cause him to be ostracized by his college peer group. Three years of intensive counseling, training and evaluation, however, help him to develop self-confidence and the skills to care for his own needs. He now has a group of friends, lives with a roommate in an apartment, and feels fulfilled by doing volunteer work.

A young woman feels so frustrated and overwhelmed by what she sees as her failure to cope with the stresses of daily life that she vents her frustrations in destructive attacks of rage and even attempts suicide. Shy and fearful of change, her perceptual problems and slow learning ability seem overwhelming obstacles. Even training in office work, which she loves, is not fully successful. Rather than struggling with the constant stress related to adjustments requiring eye-hand coordination on a typewriter, she begins to work with figures, work which requires the use of a computer. She has now been in charge of the billing department of an exterminating company for over three years.

When considering the concept of developing the maximum potential of learning disabled children or adults such as those described above, we need to ask some very important questions:

1. What will help develop their self-esteem and give them a sense of self-worth?
2. How can they provide a service to the community as well as to their family, so that they will not feel as though they are a burden?
3. How can they be productive members of society, with a sense of purpose and identity that is their own?

Certainly, for some, a college education may satisfy these needs, particularly now that various colleges are becoming increasingly sensitive to the needs of persons with learning disabilities. But education is just a stepping stone to other goals, and it is these goals that must be more carefully examined. Are there going to be real jobs "out there" after college? Is there an accepting peer group that will fulfill the social needs, which they, like us all, have? Does school or college teach ways to compensate for handicaps in areas other than the classroom? And what options exist for the multiply-disabled young person whose learning disability is pervasive enough to affect social skills and perceptions, who perhaps has seizures or exhibits soft neurological signs, who has trouble expressing himself or herself or difficulty in coping with stress? The concept of functional life skills training rather than academic education would seem to be more valid for such persons.

The program at Chapel Haven is based on the total life skills concept where training is provided in a residential setting. Young adults develop vocational goals as well as skills in functional academics, hygiene, grooming, cleaning, money management, cooking, and shopping. There is also emphasis on a wide variety of social skills such as learning how to make friends, to communicate effectively with others, to deal with daily stresses, and to be able to use community resources for recreation.

The vocational program at Chapel Haven is divided into the following phases: Prevocational Assessment; Work Study Samples; Job Training; Job Search and Placement; and Job Maintenence.

During the **prevocational assessment period,** residents, with the help of their instructors and vocational counselors begin to identify areas where they have adequate work skills needed to become competitively employed. Basic work habits are also assessed, as are limitations inherent to the learning disability. Initial training in a classroom setting, if needed, can then focus on developing compensatory skills for these disabilities: for example — learning to follow accurately written directions when one has an auditory processing problem. Basic work habits are emphasized since many employers indicate that these can often compensate for more than the average number of errors or less than normative speed on a task.

By the time residents are placed in a work/study setting, their personal vocational goals and interests have been narrowed down to two or three areas. **Work study samples** generally involve part-time, unpaid activities in non-profit community service settings. They concentrate on the development of more specific vocational skills while exposing the residents to real life expectations and minimal work pressures. Residents actually apply their work habits for better or for worse, while Chapel Haven staff are given the opportunity to assess, teach and reinforce specific work skills. Frequently, more than one part-time work/study site is used on different afternoons in the same week. A wide variety of opportunities helps the residents to develop confidence in one or more vocational areas and assist them and staff to identify areas of marketable skills.

Job training is carried out at an employment site, or if advanced skills are indicated and represent a realistic goal, at a technical vocational school.

Job search and placement activities begin before vocational training is completed. A resume is developed, and interview skills are practiced with the use of video tapes. Various means for finding jobs are explored through the use of want ads, outside employment agencies, direct contacts with employers and the Division of Vocational Rehabilitation.

After a job is secured, the vocational counselors work with residents on **job maintenance** by paying close attention

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Readers of the **Churchill Forum** are also invited to request additional copies of this, or others issues, of the **Forum.** If you would like to receive multiple copies of the **Forum** on a regular basis (for use in school programs, diagnostic centers, seminars, etc.) please let us know by requesting the number desired on your school/center letterhead.

From Service Reader
(continued from page 1)

career in early childhood services as a day care or nursery school aide. She also studied adult human services, learning skills to be an aide in nursing homes with the physically handicapped or with mentally retarded adults. After a semester of extensive field placement experience and course work in each vocational area during her first year, she decided to pursue her initial interest and major in childcare. Throughout her second year, she worked three full days per week with children, benefiting enormously from the continuing opportunity to supplement her classroom learning with on-the-job training.

Like many of her learning disabled peers, Darlene experienced numerous difficulties adjusting to the work world. Several problems surfaced during her field placement experience, each having significant impact on her potential as a successful day care aide.

Darlene's biggest problem was adjusting to the transition from service *receiver* to service *provider*. After years of special education in school, when the world seemed to revolve around her needs, she found it hard to let go of her self-centeredness and consistently place the needs of the children before her own. At times she regressed to the level of the toddlers, arguing like a three-year-old with no sense of the loss of her professional stature. At other times she was withdrawn and passive, waiting to be comforted, forgetting that she was no longer the client, but rather was now the *giver*, not the *taker*. With much discussion and many gentle reminders, Darlene grew beyond her egocentrism and became more attuned to the needs of the children in her charge.

However, she still needed to work on the social skills necessary for success in the workplace. Darlene was uncomfortable with anyone but the children. Thus, she rarely greeted the other teachers when she arrived at work and often sat alone in the lunch room, refusing invitations by others to join them. When she met with her supervisor, her eyes were often cast to the floor, and her voice could barely be heard. Yet, on the occasions when she found it necessary to speak with the other teachers, she was often inattentive to the social cues indicating that they were busy, and she would interrupt their work or conversations. Through a social skills training course and much individual social skills counseling in the Threshold program, Darlene developed the ability to assert herself more appropriately at work. She grew to recognize and understand body language and developed skills in carrying on social conversation with colleagues.

Darlene's progress was exceptional; yet, other problems arose throughout her training. Due to her difficulties with abstraction, she was not always able to use sound judgment. Once, she became unreasonably upset that her services were needed and that she couldn't leave work early to go to a birthday party; on another occasion, she became offended that she was expected to wash the tables after snack, indignantly declaring "I'm here to work with children!"; yet another time, she failed to contact her supervisor when she was sick, using the excuse that the line had been busy when she phoned at 8:00 o'clock and that at least she had "tried". Each incident presented a learning opportunity for Darlene, and through supervision and advising, she grew to understand the nature of her responsibility as a day care aide.

Over the course of her two years on campus, Darlene participated not only in vocational skills training, but also in a series of courses that helped her achieve success in independent living. She learned how to deal with the medical world, how to find and live in an apartment, how to deal more effectively with others, how to handle her own sexuality and how to plan productive use of her leisure time. By graduation she had the foundations on which she could build an independent life.

After completion of the basic program, Darlene chose to enroll in Threshold's Transition Year, an outreach program designed to provide further support for graduates as they ventured out on their own. Threshold's Work World Advisor helped her follow up on employment leads and acted as a job counselor while she adjusted to her first paid day care job. An Independent Living Advisor visited her weekly in the apartment she had found with another graduate, helping her balance her checkbook, establish a workable budget, and deal with the myriad other responsibilities of apartment living. A two-hour seminar with other Transition Year students each week provided a forum for sharing the successes and frustrations of truly being out on their own.

Darlene has now completed her Threshold experience and is doing quite well in her apartment and on the job. She has been promoted from day care aide to Assistant Teacher and makes a modest living. While she still needs advice and counseling on occasion, she is immensely proud of her achievement, and so she should be.

Darlene is only one of thousands of learning disabled adults throughout the country who have the potential to work in human services but who need more training. Sadly, the training opportunities are few for individuals in this population, with only a handful of programs prepared to work with their special needs. While there is an increasing number of college programs for bright college-level learning disabled adults, and while there are thousands of sheltered workshops for the mentally retarded, there is a great need for far more vocational and independent living skills programs for the "between-the-cracks" group, those in the low average intellectual range.

Thus, specialized programs like the teacher-aide training programs at Threshold should present more than simply the substantive knowledge particular to a specific program area (e.g., particulars of child development); they must also be structured to meet the needs of this learning disabled population, including the following points:

1. These individuals must grow beyond any egocentric tendencies that they may have if they are to make the leap in status from service receiver to service provider successfully.
2. They must develop their social skills. Obtaining employment is only a small portion of the battle: *maintaining* employment must be the ultimate goal. Effective social skills often make the difference.
3. They need help in developing sound social judgment, learning, for instance, how to dress appropriately, how and when to seek help, and how to recognize social cues.
4. They need help with organization in time and space. For example, they often respond positively to charts or checklists which concretely present the hows and whens of their responsibilities.
5. Specialized remediation in problem areas is essential. For example, they may need to develop coping skills for an auditory memory deficit. Taking notes or asking for directions one or two steps at a time are solid strategies to help avoid incurring the wrath of supervisors who see only lack of follow-through and don't understand memory problems.

Young adults *can* succeed and *will* succeed if given the opportunity to enter the work force well prepared. There is a great and increasing need for good day care aides — with more programs, people like Darlene can fill the bill. ■

Arlyn Roffman, Ph.D. is the founder and Director of the Threshold Program at Lesley College, where she is also an Associate Professor. She is the author of *The Classroom Teacher's Guide to Mainstreaming* and has a private practice in social skills training for learning disabled adolescents and adults.

Making the Most

(continued from page 4)

to any changes in supervisors, co-workers, and job duties which may adversely affect the residents' performance.

The steady progression towards the residents' goal of competitive employment is not necessarily followed through to its conclusion. For some individuals, vocational training efforts *beyond* a variety of work-study placements are met with insurmountable obstacles. Further growth towards their maximum potential may be encouraged through the development of skills in non-vocational areas. For others, specialized training may take two or three years. Throughout this period of time, the vocational counselor provides:

1. an analysis of tasks
2. on-site supervision
3. skill training
4. support and counseling
5. support and training of supervisors and employees
6. frequent and continuous exchange of information between resident, supervisor, and counselor.

At the same time other essential life skills are also being developed, so that residents are growing not only toward their work potential, but also in their ability to survive in the community as independently as possible.

This, then, is perhaps, the ultimate goal for all of these young people: to develop the self-confidence and skills to live as independently as possible in all facets of their lives; to learn that their disability need not be a handicap; and to have a sense of pride in having maximized their potential, whatever it may be. ■

Christine Gaynor has been a vocational counselor at Chapel Haven, Inc. for the past six years, working extensively with young adults with learning disabilities. *Jeanne Sargent* founded Chapel Haven in 1972. She recognizes the value of not only working, but living with young adults with learning disabilities in order to understand their individual needs. As Chapel Haven's Executive Director, she continues to explore new ways to help the residents maximize their potential.

Job Training is often carried out at an employment site.

The Churchill Forum, published quarterly, disseminates the thinking and research of professionals working in the area of learning disabilities both at Churchill and elsewhere. Your tax deductible contribution, which will help us to continue this essential service, will be most welcome. Please mail to:

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3 x 5 Cards as Study Skill Aid

by Jo Ellen Gordon

Editor's Note: Because of space constraints, the following section of an article which appeared in the **Churchill Forum** (Vol. VII, No. 3, March 1985), Time/Space/Organization and the Learning Disabled Student by Jo Ellen Gordon was omitted. We are pleased to present this material in this issue of the **Forum.**

Once a learning disabled student has mastered the technique of evaluating the time necessary for successful completion of his/her homework assignments, specific study skills can prove invaluable. The use of 3x5 cards, for example, can be of assistance to a student who has a difficult time memorizing required information. Specifically, the approach is as follows: on the unlined side of the cards, numerically ordered in the upper left-hand corner, there are questions written — one question per card. (Throughout this entire process, the actual writing may be done either by the student or by another person if the student has difficulty with fine-motor tasks.) Initially, these questions are formulated for the student. Eventually, however, the student is taught to formulate his/her own questions through structured lessons on who, what, where, when, why and how. In addition, the student is taught the benefit of being "mean" in questioning. In other words, given the choice between posing a question such as "Who were the Magyars?" or "Who were the nomadic people from Asia that attacked eastern Europe at the end of the 9th century?", it is clear that "Who were the Magyars?" requires more writing — more work — on the **answer** side of the card. Hence, it is "meaner" but much more beneficial! Turning to the lined (answer) side of the card, we use vertical lines to divide the card into 3 sections as follow: the first section occupies approximately 3½ inches, the second occupies 1 inch, and the third occupies ½ an inch. In the upper left-hand corner is written the page number on which the answer can be located. The answer is then written, skipping lines, in the first section of the card. Next, the student is asked to underline in another color ink, key words which would help him/her say the answer if they were written on cue cards. These underlined words are then written in the second section in the same color ink as the underlining. The student now underlines (in a third color ink) the first letter of each of these words, and these letters are written (again, in this third color) in the third section. Finally, each card is reviewed in the following manner: first, the student is allowed to see the entire card and merely has to read the answer exactly as written. Second, the first section is covered and the student, seeing only the second and third sections, has to say the answer again. Frequently, it is helpful at this point to have the student also write the answer. Lastly, the student is allowed to see only the third section and must repeat the answer still a third time. Indeed, by this step in the process, the student is usually delighted, because he/she has mastered the information!■

Jo Ellen Gordon M.A., is a New York State Certified School Psychologist in private practice who works with learning disabled adolescents in an educationally therapeutic setting.

Note From The Editor

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In Broken Images

by Robert Graves

He is quick, thinking in clear images;
I am slow, thinking in broken images.

He becomes dull, trusting his clear images;
I become sharp, mistrusting my broken images.

Trusting his images,
he assumes their relevance;
Mistrusting my images, I question their relevance.

Assuming their relevance, he assumes the fact;
Questioning their relevance, I question the fact.

When the fact fails him,
he questions his senses;
When the fact fails me,
I approve my senses.

He continues, quick and dull,
in his clear images;
I continue, slow and sharp,
in my broken images.

He, in a new confusion
of his understanding;
I, in a new understanding
of my confusion.

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Dear Reader:

It has been apparent for some time that our readers have wanted from the Churchill Forum some perspectives on the "whethers" and "whys" of pre-vocational and vocational training for the learning disabled. Thus, we are pleased to present the views of several experts in the field, all of whom hold positions of leadership in the fields of career education, and to borrow a phrase, "training toward the development of one's maximum potential."

Sincerely,

Harry S. Valentine
The Churchill School Founder

Churchill Forum

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College for the Learning Disabled: Myths and Realities

by Irwin Rosenthal

More learning disabled students are graduating from high school than ever before, and many LD students have gone on to college when previously high school was, in general, considered a terminal degree.

However, this new raising of educational expectations has been a mixed blessing. In the burst of enthusiasm for a new path of access for the learning disabled, the individual student, and the individual choices available to him/her are often neglected. Just as there is no one profile of the learning disabled, there is also no one answer to the question of where — *or whether* — the learning disabled high school graudate should attend college.

First to be considered, even more importantly than the learning disabled student's abilities and deficits, are his/her level of motivation for college, the clarity and specificity of his/her goals, and his/her expectations of a college education.

credit: Gerry James

In regard to the choice of college, the interests and abilities of the individual learning disabled student are paramount.

Whether to Attend

The learning disabled's history of failure and frustration in school may have led to feelings of being "burned out". This "burnt out" feeling may well exist even when the LD student graduates and achieves well, relative to his/her peers. The effort of attending to school tasks that are burdensome, however, may have created such a negative reaction to further schooling that to go to college immediately may well condition failure. Nevertheless, the pressure from family and peers often pushes LD students to apply, frequently to an open enrollement college. This submissive reaction to pressure from significant others is passive; the reaction to the challenges of college — organizing self, pacing, planning ahead for research papers — may be similarly passive. Such LD students will silently submit to college, be overwhelmed by it, and drop out.

Then, there are the LD high school graduates — and their parents — who have been given inaccurate and inflated feedback about their abilities by teachers and counselors who wish to raise the students'self-concept. Open enrollment colleges will accept them, even though their cognitive abilities are marginal and their interests should be elsewhere, perhaps in a vocational training program or entry level job related to their interests. These students have the right to enter college, but professional guidance and counseling that either ignores or masks the realities of the learning disableds' deficits as well as their strengths can do these students a serious disservice.

On the other hand, there are the marginally prepared LD high school graduates who may well not succeed in college — but who both are motivated to attend college and need the socializing experience of college life. They may fail in their first year of college — as many of their non-learning disabled peers do — yet their motivation and social needs cannot be ignored by the overprotective parent or counselor.

Thus, the experience of failure in college may well be punishing and bruising to the learning disabled student who has either passively accepted the pressure from parents and/or counselor to attend or has been misinformed about his/her strengths and deficits. On the other hand, LD students who have actively participated in the decision-making process and who also fail may find failure in college a learning experience which will enable them to reexamine the way they make — and implement — their own major choices in life.

Where To Go

Once the decision to attend college has been made, the individual LD student should still be the focal point of the progressively narrower choices that follow: what *level* of college (2 or 4 year); what *type* of college (traditional/nontraditional); and finally, what degree of *commitment* does the college have to programs for learning disabled students?

Level

• In regard to the *level* of college, the interests and abilities of the individual learning disabled student are again paramount. The LD student who has limited conceptual ability, attention span or tolerance for pressure may well respond more positively to a two-year than a four-year college. In the lower level college,

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DISPELLING THE MYTHS: The Challenge for Learning Disabled College Students

by Sandra LaPorta

—They're lazy; they're crazy; they're retarded. What are "they" doing in college anyway?
—It's a trick to "get over"; it doesn't exist at all.
—It's a crutch to avoid responsibility.

As much as we would like to believe otherwise, many educators, even those prominent in their fields, have voiced these misconceptions concerning students with learning disabilities. Like others who have come into college with a disadvantage, learning disabled students must defend themselves against these prejudices. At Hunter College, we have attempted to counteract mistaken beliefs held by educators through the distribution of such materials as *Dispelling the Myths: College Students and Learning Disabilities.* Much more has yet to be done.

In my work with LD students, I have heard these misconceptions voiced not only by faculty and staff but, in modified versions, from learning disabled students themselves. They have incorporated myths which question their intelligence, sanity and responsibility into their own self-concepts — myths which affect and frequently undermine their academic performance. The challenge for these students is to come to terms with their own particular cluster of myths, so that they can be free to develop a varied set of strategies to meet the demands of academic life and, ultimately, the working world.

As we look at four indentifiable clusters of internalized myths expressed by LD students, we will see how deeply many reflect damaged self-concepts, revealing feelings of depression, shame, anger, blame, denial and fatalism concerning their learning disabilities.

What Are "They" Doing In College Anyway?

— Maybe I'm just lazy like my father has always told me.
— Was that a stupid thing for me to say? I always say stupid things.
— I don't ask questions because everyone will think I'm dumb. I hate to stand out.
— Why can't I be like everyone else? Then, everything would be wonderful.

Depression, shame, self-castigation and even self-hatred are evident in this first cluster. The pain is raw and uncovered; it is not buried or defended. Students expressing these feelings are often desperately ready to seek help, work through the pain, and experience relief. It can be the time for productive work to take place with a sensitive therapist leading towards a fuller, healthier integration of learning disabilities into a self-concept in a way that strengths are valued and limitations are accepted.

Incorporating a disability of any kind into one's self-concept is a long, complex and often painful process, and adjusting to unwanted limitations is never easy. This can be especially difficult for those recently diagnosed, those with many negative school experiences, those who lack support and understanding of family and friends, or those who come from an overly protective environment. But, it is a necessary process in order to develop varied and flexible compensatory strategies and the judgment necessary for appropriate application.

What Is The Physical Impairment?

— I don't need to read the textbook. I absorb everything the professor says.
—I don't have to talk to the instructor. I'm sure it will be a multiple choice exam.
—I'm just like any other student now. Everything is under control. I won't tell anyone about my learning disability.

These statements imply that the student's learning disabilities have magically disappeared, or are so completely compensated for that no problems will occur. Denial, in the form of magical thinking, is evident.

Here, students are in for some surprises. Problems *do* arise. The professor may include test questions on readings not discussed in class or may give an essay exam where the accommodation of extra time is needed. It is likely that 18 credits would be too much, resulting in chaos and even failure. Students may have developed compensatory strategies for most basic courses, but when entering a new discipline such as statistics, calculus, physics or a foreign language, these strategies may not be appropriate or adequate. Even an extensive reading load can trigger old problems. Students must be ready and flexible enough to use readers or taped texts from Recording for the Blind.

Magical thinking and denial can undermine stability and leave students unprepared for surprises. It is very important that they forsee potential difficulties or stressful conditions and plan alternative strategies.

It's A Crutch to Avoid Responsibility?

— What's wrong with that professor? She's supposed to know about learning disabilities.
— The professor will re-explain the lecture to me just like my resource teacher did in high school. It's his job.
— Identify myself to the professor? Didn't my counselor do that? Why do I have to talk to him?

Each statement in this cluster is based on the assumption that responsibility belongs to someone else, not to the student. Venting anger at their own learning disabilities, the students are projecting blame onto the outside world — in this case, the professor or counselor — for not understanding or giving them what they need. They are setting themselves up for negative reactions, if not rejection, by setting the locus of control outside themselves.

Even a sensitive instructor will not always know what a specific student needs since one student's learning disability varies greatly from another's. Students must initiate discussion with professors to inform them of their needs in order to reach consensus on appropriate accommodations for specific course material. It is not the professor's responsibility to re-explain entire lectures; it is the student's responsibility to develop various compensatory strategies such as tape recording lectures, getting copies of notes, forming study groups, or finding tutors.

It's A Trick to Get Over — It Doesn't Exist At All

—Yeah, I should record the lectures because my notetaking is awful, but it takes too much time to listen to them.
—I know my notes are disorganized, but I'm used to them that way.
—I guess I do miss a lot of classes and appointments. I just forget. That's the way I am.

On the surface, it may seem as though the students are using their learning disabilities as an excuse for irresponsibility, but, in fact, they have given up in the face of the challenge. There is even an undercurrent of fatalism, a readiness to accept failure.

Frustration tolerance, organizational skills, and time management are notorious problems for people with learning disabilities. Yet strategies can be developed and tolerance levels stretched with the help of a learning disabilities specialist. It is important for students to come to terms with the reali-

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LaPorta, *(continued)*

ty that it will take them longer to complete most academic tasks and that they may have to repeat some courses. As time consuming as it is, tape recording lectures or rewriting disorganized, incomplete notes directly after class may be necessary. Using a weekly appointment book with days and hours listed — and not losing it — is a necessity for students to avoid the repercussions of not being where they are supposed to be.

For most learning disabled young adults, going to college is an intense struggle requiring uncommon effort. Their route will be different and more difficult than the average student's.

Because they are in the forefront, LD college students are forced to defend themselves against many misconceptions. In addition, they provide professors with their first exposure to learning disabilities. How they are perceived will affect professors' attitudes toward future LD students.

LD Students as Their Own Best Advocates

Here, LD students themselves can be their most effective advocates in sensitizing educators to the complexities of learning disabilities. They must understand fully the nature and inconsistencies of their own learning disability. They must be able to articulate this understanding to their professors. They should familarize themselves with Section 504 of the Rehabilitation Act of 1973, the federal legislation protecting the civil rights of disabled individuals, to help explain the need for accommodations and modifications. Communication is the key to creating positive understanding.

But, before they can become effective advocates, learning disabled students must dispell their own internalized myths. Holding on to these myths not only distorts perceptions of the external world, but also distorts perceptions of the self, contributing to depression, anger, confusion and failure. With the help of sensitive therapists, learning disabled specialists, and a supportive, realistic environment, learning disabled young adults can more fully understand and accept their limitations, value their strengths, and develop a flexible set of strategies. By dispelling their own myths and fully communicating with professors, learning disabled students will then be able to meet successfully the challenge of college.□

Sandra LaPorta is Coordinator for Disabled Students at Hunter College in New York City. She holds an M.S. in Rehabilitation Counseling from Hunter College. For the past three years, she has led an on-going support group for LD college students at Hunter. Ms. LaPorta co-authored *Dispelling the Myths: College Students and Learning Disabilities*, a booklet to sensitize faculty, with Professor Katherine Garnett, and has spoken on the topic of learning disabled college students at conferences held at Teachers College of Columbia University, the City University Graduate Center and Hunter College, all in New York City.

COLLEGE PREPARATORY CURRICULUM FOR THE LEARNING DISABLED STUDENT

by Richard G. Peirce and Dorothy L. Peirce

Preparing the bright, learning disabled (LD) student for college requires education of a specific sort, but the type of education, as well as most of the methods used to teach the student, are appropriate for any student. The learning disabled student who is likely to cope well with college studies is one whose psychometric testing indicates that abstract reasoning ability is solid, understanding of social situations is strong, and general intelligence is at least average. Such deficits as weak audio and visual memory, poor math skills, and low vocabulary can be addressed in a specifically designed curriculum.

Before the actual curriculum is set, there are general considerations surrounding the academic day to take into account. Because many LD students lack organizational skills and have difficulty with concepts of time and space, the structure which surrounds the actual academic program is crucial; students must know what is regularly expected of them and when. What may seem a contradiction of set structure, but can be key to the academic success of the learning disabled student, is the practice of a rotating class schedule. Under such a schedule, the student does not meet with the same teacher and the same classmates at the same time each day. Since the attention and concentration of LD students — of any student, for that matter — are likely to fluctuate according to the time of day, a rotating schedule allows the teacher to work with the student under all circumstances, just as it allows the student to experience the teacher, the subject, and the class variously.

Faculty hired to teach LD students must be flexible, open to innovation, willing to be trained or retrained in some special techniques, demanding but understanding, and in possession of good senses of humor. A standing curriculum committee made up of Department Heads, the Director of Studies, several members of the faculty, and representatives of the student body must be actively engaged in a constant review of the total program. Areas which need attention should be addressed immediately, even if to do so means changing something in midstream. Successfully meeting the needs of learning disabled students means a willingness on the part of faculty and administration to dedicate time and effort to finding the best possible way to do the job.

Distinction Between Remediation and Substance

First and foremost, there must be distinction made between remediating LD students and teaching them the specific content of college preparatory courses. In the curriculum, actual skill building and remedial courses should be separate from various subject matter courses in order to preclude remediation's turning into tutoring. Learning disabled students must and can become independent learners. The remediation program ideally includes specific instruction in basic skills, study skills, and learning strategies; reading comprehension; vocabulary; and writing skills. Math disabilities should also be addressed in a special program which emphasizes the basic structures of arithmetic so that the discalculate student can gain computational, problem solving, and sequencing skills. Finally, those students who are eligible should register with Recording for the Blind, Inc. because the use of taped texts to aid with long reading assignments should become part of their study techniques. Not only should the school make provision for students to study with tapes, but also computers and word processors should be readily available for those students who find their use a valuable aid to learning.

Curriculum Designed to Accommodate Strengths and Weaknesses

Once the specialized programs are in place, the rest of the curriculum should be designed to accommodate the strengths and weaknesses of LD students. Most learning disabled students who stand a good chance of succeeding at the college level (1) possess very good abstract reasoning ability and tend to comprehend better on an inferential than on a literal level; (2) respond well to standard processes and procedures, and (3) have an easier time remembering material which is presented sequentially and multi-sensorily.

1.) Course content becomes more easily available to the learning disabled

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Rosenthal *(continued)*

there is less chance that s/he will be overwhelmed by excessive intellectual demands, of many long research papers or academic competitiveness. Even if his/her abilities clearly suggest the capacity for four year college study, s/he may have the need to set specific, relatively short term goals to remain motivated. Again, the junior college — with its career options and early preparation for the world of work — may also be the best initial college choice.

Type

• At the next level of choice, — the *type* of college to attend — structure is an important consideration. The learning disabled, need structure that is often not available in college. Professors are frequently vague about marking criteria and fail to give advance notice of longer readings, exams, and due dates for papers.

Similarly, classroom aids such as course syllabi, board notes, and handouts that outline a lecture beforehand, all of which are so helpful in enabling the LD student to cope with his/her time management and organizational programs, are often unavailable. The degree to which a college offers structure of this kind is an important, though difficult, assessment to make.

Structure, however, is often also associated with a prescribed curriculum where students know what to expect in a traditional course of study. For some LD college students, this kind of structure can be needlessly confining. Instead, the non-traditional, hands-on practical experience of internship with course credit given, can be a necessary motivation for the LD college student who needs concrete application of what s/he has learned. Structure is needed here, too, and can be supplied through a counselor or faculty member who acts as the liaison to the world of work. This liaison counselor and work supervisor can give feedback to students about their performance. Such feedback, coupled with campus-based seminars on internships or work experience, can enable LD students better to understand both the concept of work and its actual practice. Thus, a non-traditional college setting may be preferable to the traditional one — particularly for those students who have already attended a traditional college, and failed.

Although generalizations about the learning disabled must be tempered by consideration for the individual case, LD students tend to respond negatively to excessive pressure. Therefore, the environmental demands and pressures of the college must also be considered. Environmental pressures of size, space, and resources are particularly felt in a large institution — with many students, large classes, counselors with heavy courseloads, and remediation geared to groups instead of to the individual. Since there is little or no opportunity for individual attention, tension-reduction, or problem solving, the learning disabled can easily become overwhelmed in such an environment.

However, the concept of size and space in a large institution can quickly change when there are separate satellite units of manageable size within the larger institution — different colleges and smaller dorms, for example. Most important is the need for a center for LD students — a "hang out" and support center where counselors, tutors and LD specialists have the time to create a program that meets the LD's varied needs.

At the same time that a sense of intimacy is needed, so is a sense that the college is accessible to the LD, that it is *barrier free*. Just as a learning disability is a hidden handicap, so there are hidden *barriers* to the LD's acceptance in college that can lead to rejection or failure: admissions officers that ignore the potential of the LD applicant and only consider standardized tests; faculty that are unreceptive to "different" learners and administration that feels threatened by their image; and counseling staff that lacks knowledge or is unsympathetic to the learning disabled and makes little effort to secure LD applicants' test records or serve as advocates for LD rights.

The learning disabled in college are assured of non-discriminatory educational practices under Section 504 of the Rehabilitation Act of 1973, yet they need the *active* support of the college to secure those rights. For example, although dysgraphic students need and should be allowed to use a tape recorder in class, many instructors are reluctant to have their lectures taped. Without *active* administration support for the learning disabled's rights, the individual LD student may easily feel shamed or defeated by an unreceptive professor and not press for his/her right to use a recorder in class.

Another potential barrier is a college foreign language requirement — an almost impossible task for those with language processing problems. If there is a foreign language requirement, it is important to know whether the college will waive this requirement for the language-impaired LD student.

Another critical area for the learning disabled that either limits performance or makes college more accessible and barrier free is in regard to programming. How many credits are mandated? Is full time or part-time programming allowed? With what ease can the learning disabled be allowed a reduced course load, or take an incomplete? Also, are there adequate resources for the learning disabled — a separate room for testing, a scribe (if needed), use of a computer with spelling checker for the dsygraphic?

Of course, the structure, support and barrier free atmosphere needed by LD college students can best be supplied by an established program specifically for them. However, although many colleges purport to have such programs, a closer look at these programs reveals otherwise. Instead, a general basic reading and writing skills program may be offered, with no other special support services, or the Office of Disabled Services may only offer special testing arrangements for the learning disabled.

Also, those college programs that are established for the learning disabled may lack *balance* — attending to the cognitive and academic difficulties through LD educational specialists but neglecting the psychosocial needs of these students, needs which may be met in individual and group counseling.

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What is Recording for the Blind, Inc.?

Recording for the Blind, Inc. is a national, non-profit, voluntary service organization which provides recorded educational books free-on-loan to individuals who cannot read standard printed material because of visual, physical, or perceptual handicaps. RFB's services are fundamental aids to print-handicapped students at all levels, as well as to those who require educational or specialized material in the pursuit of their occupations or self-study goals.

For further information, contact:

RECORDING FOR THE BLIND INC.
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Dispelling the Myths: College Students with Learning Disabilities by Katherine Garnett and Sandra LaPorta may be ordered by enclosing a check for $3.50 and mailing it to:

Sandra LaPorta
Office of Student Services
Hunter College
695 Park Avenue
New York, N.Y. 10021

"Not Only Our Disabilities, But Our Immense Potential As Well."

by Charles Drake

Credit: Gerry James

Daily one-to-one tutorials help students realize their individual potential.

The Landmark School in Prides Crossing, Massachusetts, was founded in 1971 to help dyslexics in elementary and high school levels only. Five years ago, however, it found itself being pressed to offer instruction to older students who had graduated from public or private schools without the language skills necessary to go on to college.

In response to this need, Landmark set up a "Pre-College" program which concentrated entirely on such information processing skills as reading, writing, note-taking, outlining, research techniques, composition, and math. As this program became known, applications began to arrive not only from high school graduates but from bright, highly motivated college students who had failed in their first or second year. As this demand grew, it became increasingly clear that a special college was needed which could (1) provide remedial services in all the language skills, and (2) develop a literacy based liberal arts program.

A survey of a number of traditional college "LD Programs" revealed that while some were teaching language skills, most were using some variation of the "by-pass" technique. Instead of reading, students were listening to their books on tape; instead of writing, aides or secretaries were taking class notes and transcribing oral "compositions"; instead of written exams, questions were read aloud by an aide, and the student would answer orally into a tape recorder. These practices often resulted either in college failure, or a graduate who was functionally illiterate.

As Landmark College was conceptualized, it was decided to reverse this trend by spending a full year in teaching basic literacy skills before most college classes begin. This pre-college course accepts bright, motivated college age students at any literacy level. Intensive training in literacy skills occurs at each student's achievement level so that s/he may be prepared to do normal college work when s/he is ready.

A few students who arrived this fall at a near-college literacy level are taking one or two standard liberal arts college classes as well as participating in the pre-college literacy skills program. Others currently in the pre-college program will have advanced enough by the second semester to begin some college work for which normal skills are required. By next year it is anticipated that a majority of students will be capable of achieving at a college level either at Landmark or another institution.

Every student this year is receiving a daily one-to-one tutorial as well as working in classes that average six members. Special attention is given not only to reading and spelling, but to research methods, note-taking, outlining and other study skills. Daily homework is required.

Landmark College's president is James Olivier, a graduate of Middlebury. He taught at Landmark School for a number of years before taking a Masters Degree at the Harvard Graduate School of Education, and a Law Degree from the Harvard Law School. The staff of the Pre-College program is made up of a core of teacher-tutors who came from Landmark School, plus others recruited and trained for this special work. The College professors are academically credentialed in their subject matter area with masters' degrees and doctorates. There is one teacher/tutor for every three students and one college teacher for every six college level students.

The Landmark campus is located in Putney, Vermont. The Campus has a 450 student capacity, which it expects to fill by 1989. At the present time, only the Pre-College Program and two years of college are being offered. It is anticipated that Landmark will achieve a full 4-year college status within a decade.

It is tempting to dwell on the handsome campus designed as a unit by Edward Durell Stone, but far more important is the fact that Landmark College is an institution offering a "second chance that works" to a group of very bright young people for whom college was an unlikely possibility before. This was warmly stated by Keith Promisel, a student in the Pre-College Program, who spoke at the inaugural convocation last October.

"During each of my earlier school years I would start out all 'gung ho'. Excited at the possibility of success, I would put all my effort into studying and paying attention in class. However, the work soon became increasingly difficult. By progress report time, I would be failing at least fifty percent of my classes. I remember rifling through the mail to intercept this news of failure.

"In high school, I was (just) as unsuccessful. My sophomore GPA was well below a passing mark. You can't imagine the pain and frustration I felt when I finally realized that I had been simply "passed" from one grade to the next. I realized that at the rate I was then going, I would probably fail out of college within six months.

"After twelve years of schooling, my parents had me tested to see if I had a learning disability, and it was discovered that I in fact did have a form of dyslexia. Despite my high school GPA of 1.85, I attended a local junior college for a semester in a special education program. They used what is known as the "by-pass" method. If I couldn't read, I would listen to a tape and all my tests were taken untimed. After a semester, I received a 3.0 GPA, but what good is a "B" average if you can't read?

"All the students you see here today know that Landmark College doesn't have the number one football team in the nation. We did not come here to participate in certain measures of prestige. Even our population is small—especially in the female sector. But we do know that we are a leader in a way other universities and colleges aren't. From President James Olivier to all the faculty and students, we lead the way into the future for other students with the same affliction. And hopefully, learning day-by-day to surmount our . . . difficulties, we may help to provide a mirror in which we may see not only our disabilities, but our immense potential as well."□

Dr. Charles Drake is the founding Headmaster of Landmark School in Prides Crossing, MA., and is Chairman of the Board of Landmark College. A dyslexic himself, he has worked in remedial programs for dyslexics since 1956.

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students if it is abstracted. Departments should consider carefully just what material is essential for the student to learn in its course offerings and what material is either soon to be forgotten because of its very specific, though relatively unimportant, nature or what material might be considered enrichment. The former should be dropped from the course content and the latter used as a break from the rigours of daily study. The general concepts involved in course content, those ideas which can serve as general models for like situations, are apt to remain with the student and to prove eminently useful in the long run. Consequently, the teacher may find that judicious pruning of the text book is necessary and that teacher-prepared study guides become more relevant than questions at the end of a chapter.

2.) LD students tend to find learning easier and achievement more certain if they can rely on set processes and patterns. For example, the five paragraph critical essay becomes standard operating procedure for responses to essay topics throughout the curriculum, and the student soon learns a pattern and process valuable to his future as well as present studies. The same can be said for a standard lab write-up procedure, research paper format, word problem solving scheme, and vocabulary as it relates to specific disciplines.

3.) The classroom teacher is key to the constant review and use of study skills techniques as they have been presented by the special program's teachers. Material which is presented *sequentially* has the best chance of making its way into the long term memory of the learning disabled student because sequential presentation implies consistent review of what went before in order to understand what is coming next. Such a presentation helps the LD student to cope with his short term memory difficulties and to reinforce his generally weak sequencing skills.

Because many LD students experience short attention spans and are easily distracted, the traditional lecture method is often not effective as the only means of instruction. A student who may often find the tiles on the ceiling of more interest than the lecture because he has legitimate difficulty processing auditory information will learn successfully only if the information is presented *multisensorily* and in relatively small amounts. In order to learn efficiently, most students, LD or not, benefit from hearing, writing, reading, and talking about the material to be learned. The successful classroom LD teacher knows that it is best to plan at least three separate tasks during the course of a lesson and that lectures must be supplemented with note-taking from the board or on a closure outline handout of the lecture. They also realize the value of direct interaction: student with teacher and students with each other. In general, the teacher must remain constantly aware that students must see, hear, write, and talk about material which is worth committing to general knowledge and long term memory.

Self-esteem and Self-image

Many learning disabled students have experienced unsuccessful academic progress, a fact which has lowered their self esteem and done real damage to their self images. One of the basic jobs of the college preparatory program for these students is to reestablish self esteem and to improve self image. To accomplish these goals, the student must experience academic success. One way to avoid inflating grades but to reward students' attempts is to place more emphasis on effort than on achievement. Effort grades should become part not only of reports from the teachers to the student and the parents, but also of the student's permanent academic record: the transcript. College admissions officers are more likely to look favorably on the LD student who works hard than on the one who shows poor effort, an indication of low motivation. A grading system which rewards effort is likely to build motivation, a factor absolutely key to the learning disabled student's success in post-secondary studies and beyond. An Effort Honor Roll which awards the same privileges and recognition as the Academic Honor Roll often creates the necessary incentive and motivation to achieve.

Once standardized procedures, processes, and structures, a trained faculty, a viable remediation program, and a method for rewarding effort are in place, the actual courses of the curriculum need not vary to any great degree from those courses offered in any other kind of preparatory school. Four years of English, three or four years of history, at least three years of mathematics, and three years of science including two lab courses are realistic requirements for graduation. The type of courses offered in each discipline should take into account the varying interests and abilities of students. There is no reason to assume that the LD student who is bright and motivated cannot achieve in upper level math courses, advanced science courses, and demanding history and English programs.

Fine Arts, Sports, and Foreign Language

A curriculum which takes into account students with learning disabilities should not be without a very strong program in the fine arts and in sports. Many LD students are incredibly gifted in areas other than those academic and should be given every possible chance to develop and be rewarded for using their talents to the fullest extent possible. It may well be one of these talents which will provide the material for the life work of any given learning disabled student. A demanding athletic requirement allows learning disabled students to develop not only talents, but also valuable lifetime skills such as team play and good sportsmanship. Fine and gross motor control, sometimes deficient in LD students, stands the best chance of being developed under the natural conditions of good athletic instruction. The competitive spirit that is fostered in team play often helps to improve students' self esteem and motivation not only on the playing field, but also in the classroom.

Foreign languages deserve a place in the curriculum for the learning disabled student. Contrary to current belief, many LD students are eminently capable of mastering a foreign language if it is presented to them with multi-sensory methodology. If languages using the Roman alphabet prove too difficult because the student is being asked to use the symbols he already knows in still another configuration, s/he would do well to explore languages using different characters: Chinese or Greek, for example. Some students will not be able to master a foreign language, no matter what its characters, but for them a linguistics course which explores the influence of foreign languages on their own is very apt to prove successful.

Standardized Testing

Standardized testing, as misleading as the results are apt to be for learning disabled students, must be regarded as a fact of life. More often than not, the scores on the SAT's, for example, are a good indication of a given student's disability, but are no reflection of his or her ability. Careful recommendations from teachers and counselors should be the measure by which colleges judge whether or not their programs can accommodate the needs of an LD student. On the other hand, learning disabled students should be given every consideration during the administration of the tests to assure the best possible results, no matter what those results will eventually indicate. The College Board now offers realistic options to learning disabled students: extended time, untimed, and untimed auditory assist administrations of the SAT's and the use of emenuensis during the administration of the Advanced Placement Examinations. Careful consideration of LD students' classroom records and psychometric testing results should allow counselors

(continued on page 7)

Rosenthal *(continued)*

freshmen that includes study, reading and writing strategies. And equally important is the development of attitudes and specific knowledge that can help the LD student in the college system, such as learning how to avoid overprogramming.

However, although a formal program for the learning disabled is, in general, helpful, it may be counterproductive for LD students who have minimal disabilities and have been mainstreamed. These students may in fact rebel against a program that demands routine, definite and substantial time commitments. A small college setting with a basic writing program and an informed and caring administration that is known for meeting individual students' needs may, in fact, be more appropriate for such a student.

Commitment To Continuity

• Finally, in choosing a college, one must look at not only the current availability of services but also the *commitment to a continuity* of those services. If the program comes from either government or private funding, will the college continue support services once funding has ended? How long will services be offered, and what balance is there between active support for LD students and encouragement and development of their independent advocacy skills? A program that offers services for only the first year of college, can lead to failure for many. On the other hand, a program that withdraws support when academic and self-advocacy skills have been developed but continues to offer needed help in skill and social functioning areas still underdeveloped, will promote both independence and a sense of competence.

College for the learning disabled is not a panacea for all their psychosocial and congnitive development problems. However, with careful consideration for both *individual* students and the resources and commitment of the colleges they choose, higher education can be a major opportunity for growth for the learning disabled high school graduate.□

Dr. Irwin Rosenthal is a psychologist and professor at Kingsborough Community College and adjunct professor at New York University. He is currently Co-Director of Project CLASS, a program for learning disabled college students at New York University. He has previously directed several other college programs for the learning disabled, including the Learning Opportunities Center at Kingsborough Community College. Dr. Rosenthal has written articles and made numerous presentations on the learning disabled college student.

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Peirce, *(continued)*

to recommend the proper administration of standardized testing for each learning disabled student. Very often it is of great value to college admissions officers to see the results of a standard administration of the SAT compared to the results of a non standard administration. No matter what the method of administration may be, however, the actual format of the test is not conducive to a learning disabled student's best performance, nor is non—standard administration necessarily going to improve the scores. Only the secondary school's honest assessment of the student's strengths and weaknesses and its evaluation of the student's motivation are going to be of real benefit to the proper college placement of the student.

Finally, most LD students want to learn, but many have found the process to be so painful that it becomes the most difficult and frustrating experience of their young lives. When a school is willing to recognize the strengths and weakness of learning disabled students and to make adjustments in its programs, policies, and procedures to meet those needs, both learning disabled students and students who are not disabled, should they be in the same environment, learn better. Through learning in an appropriately structured environment, the learning disabled student will realize that his/her disability is actually nothing more than a *different* way of processing information and of producing academic work.□

Richard G. Peirce is Headmaster and Dorothy L. Peirce is Director of Studies at The Forman School, a co-educational boarding school in Litchfield, Connecticut that has served the needs of the bright, college bound, learning disabled student for over fifty years. The Peirces are beginning their seventh year with the school.

Credit: Gerry James

Higher education can be a major opportunity for growth for the learning disabled high school graduate.

Dear Reader:

In this issue of the *Churchill Forum*, we are pleased to present the views — sometimes differing — of five experts in the area of college education for the learning disabled. In deciding where, indeed *whether*, a learning disabled high school graduate should go to college, the depth and breadth of the college's program resources and commitment as well as the student's individual needs should be taken into account. We feel that the four articles in this *Forum* will introduce some relevant questions and constructive insights on this pressing issue.

Harry S. Valentine
Founder
The Churchill School

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ANNOUNCEMENT

The Board of Trustees of the Churchill School and Center for Learning Disabilities are delighted to announce that they have recently purchased a new building behind the current location. This addition will more than double our existing space and will allow us to:

— accept up to 50 or more students each year.

— offer a new junior high school program

— accept 5 year olds into our already existing elementary school program.

— undertake new projects and programs at both the school and the center.

If you would like to receive more information, Please contact: Maura Milligan at 212 — 722-0465.

PROJECT HEROES UPDATE

The new *Project Heroes* Manual is now available through the Churchill Center (212 — 722-0465). This new *Live* Heroes Manual focuses on interviewing contemporary heroes — people with learning disabilities who are leading successful and meaningful lives. (See *Churchill Forum*, October 1984, Vo. VII, No. 1)

Readers of the Churchill Forum are also invited to request additional copies of this, or others issues, of the Forum. If you would like to receive multiple copies of the Forum on a regular basis (for use in school programs, diagnostic centers, seminars, etc.) please let us know by requesting the number desired on your school/center letterhead.

Churchill Forum

THE CHURCHILL CENTER FOR LEARNING DISABILITIES, INC.

VOL. VIII NO. 3 APRIL 1986

The Adult Dyslexic in Remediation: The ABC's and Much More

by Joan Knight

The early school history of adults with learning difficulties is filled with tales of failure, frustration, mislabeling, and confused self images. When these adults make efforts to improve their job prospects or complete their education, they face the challenge of going back in time and confronting the source of that early pain. Now, in a remedial setting, they will tackle again what they missed the first time around. For those who don't yet know, the burning question is "Am I dyslexic, and if I am, what can I do about it?" Adults who have already been diagnosed share an unspoken question with the undiagnosed: "What can *you* do about it? I've had problems with learning all my life (I've been bad, stupid, lazy, retarded . . .) and nobody, in school or out, has ever helped me?"

Help for adults begins with an orientation. A case history is taken. Both teacher and student learn about each other as the student's answers are interpreted by the teacher and those interpretations explained to the student. Specific academic and perceptual tests are given. Correct and incorrect responses are interpreted and explained to the student. Throughout the testing period, the teacher offers answers to the student's spoken and unspoken questions. Definitions of dyslexia and learning disabilities, a review of the symptoms — verbal and non verbal, a history of education focusing on the whole word vs. phonics controversy, an explanation of the anatomy of the brain and its hemispheric functioning, and a discussion of the secondary but devastating emotional effects of a lifetime of dyslexia are crucial if adults are to understand why they were not helped in their early school days and why they can be helped now.

Minerva Z.

My first encounter with dyslexia came in 1971 when I returned to teaching, not children, but adults enrolled in a free New York City Board of Education program now called Adult Basic Education/English as a Second Language/High School Equivalency (ABE/ESL/HSE).

An attractive, articulate woman of 36, Minerva Z., attended our three-hour class

Monday to Friday for a year and a half, determined to learn to read. Little by little I began to recognize her symptoms in other students in that morning class, where the reading grade levels ranged from 1.0 to 4.0, and also in the higher level afternoon class with reading grade levels of 5.0 to 8.0. At that time I had never heard of dyslexia, but having been a second grade teacher some years earlier, I was familiar with the popular techniques for teaching reading. Activities associated with whole word or language experience approaches didn't seem to have a lasting effect on eliminating the students' pervasive symptoms: forgetting the sight words taught yesterday and last week; reading b's for d's; mistaking one preposition for another: for, from, of; omitting or adding words and letters: it, the, final s and ed; reading aloud haltingly and with poor phrasing; reading the first letter or two of a multi-syllable word and wildly guessing the rest: undemocratic read as understand, difficulty as difference, invented as involvement, problematical as pollute, factors as furniture; and spelling erratically: seasons as sesons and saesans one day and correctly the next.

The symptoms indicated that in spite of many early years of schooling for most, the students had no knowledge of the sounds of the language, the regular generalities of the language, and the principles of syllabication. Even those of us whose visual memories are strong enough to summon instantly a visual picture of a word must apply linguistic principles to read and spell unfamiliar words. Try reading, then spelling 'splercrastuckling' and 'faptatious' to see how you use sounds, syllabication, and language regularities.

And so, I began teaching letters, sounds, syllables, and linguistic elements. But that was not enough. We began *doing* things: selecting scrabble-like alphabet tiles at random, identifying and placing them on a blank alphabet sheet; running a card or a finger under a line of print; repeating a printed sentence aloud until the syntax was absorbed and mastered and we could read like radio announcers; isolating the vowels — short vowels — and working on them every day in every way: seeing, saying, writing, tracing, and associating them with guide words; building in time to think before responding; using writing as a means of learning, not a means of reviewing; conducting regular whole class discussions in which part of the time was spent in free, uncorrected discourse and another in correcting grammar, usage, syntax, and vocabulary in preparation for reading and writing what we had just talked about. I never assumed that material previously introduced had actually been learned, and so we reviewed constantly. I never *modelled* for the students, but instead, helped them to create their own pathways of association for

(Continued on page 5)

Job Attainment and Job Retention for the Learning Disabled

by Elisa Lederer and Suzanne Gorbunoff

Placing the learning disabled client into competitive employment cannot be left to chance. Structure, support and direction are essential for success in both job attainment and job retention. These aids to job placement are available at the International Center for the Disabled (ICD), a full service, out-patient rehabilitation facility with a strong vocational component, located in New York City. Clients come into the placement department from vocational training or through the New York State Department of Vocational Rehabilitation. We provide services to persons with physical, emotional and developmental disabilities and will discuss in this article how we work with the learning disabled.

We would like to present our program from the perspective of one client in particular. Her name is Patricia, and she is fairly representative of the dozen or more learning disabled young adults with whom we have worked over the past year.

Patricia came to us for placement assistance having graduated from high school in a special education program. She was able to complete her coursework with the help of remediation in math, reading and history. Upon graduation, she participated in a clerical training program sponsored by the Connecticut Department of Vocational Rehabilitation, after which she secured employment as a mail clerk for a Wall Street bank. She was terminated from this position for over-socialization and mistakes in her work. Following this unpleasant experience, she took a job as a kitchen aide in a nursing home. She resigned from this position after three weeks, feeling the job was beneath her.

Patricia's grandiose plans for her future conflicted with the reality of her abilities. Her aspirations ranged from a career as a Cosmetologist to a Marine Biologist, neither of which was realistic for her in light of her capabilities. Furthermore, she had no idea what either job entailed - - they just sounded good.

Upon moving to New York City from Connecticut, Patricia was directed to the New York State Office of Vocational Rehabilitation which in turn referred her to ICD. It was decided that she would undergo a vocational evaluation before job placement could begin. We needed more information about her strengths and weaknesses and were concerned about her lack of insight regarding the loss of her job at the bank and her subsequent choice of employment.

The results of her vocational assessment at ICD were consistent with her previous intellectual assessments. Her strengths were in her ability to interact with others on a social level, and to verbalize her feelings. However, tasks requiring social sensitivity ranged from low average to borderline retarded. Tasks requiring a fund of information and the ability to abstract ranged from borderline retarded to retarded. Her short term memory varied from average to borderline. Weaknesses were manifested in mathematical, visual and spatial abilities. In addition, she did not exhibit much drive or imagination.

As a result of the evaluation, it was suggested that Patricia spend six months in the ICD Work Development Unit to acquire appropriate work behaviors. In addition, she was assigned to work with an ICD learning disability specialist to improve math and to learn techniques to manage her limitations in following multi-step directions.

While Patricia was in her last month of work adjustment, she was referred to our department to begin the job placement process. Part of her difficulty was that her aspirations exceeded her abilities, and realistic goal setting was problematic. The overriding philosophy of any placement effort should be to match the client's interests and abilities to an existing position in the local job market. In Patricia's case, her interests initially were incompatible with her skills. It became necessary to have Patricia examine her problems in previous employment and analyze just why she did not succeed in those particular job situations. In this process, it was as difficult for her to recognize her strengths as to acknowledge her limitations. Emphasis was placed on the positive aspects of Patricia's performance during training, while the difficulties she previously encountered in the world of work were not denied. While Patricia's behavior had been modified through work adjustment, she was still clinging to the idea of a glamorous job as a secretary which was neither attainable nor practical. After much discussion and counseling, it became clear to us and Patricia that it was not the job but the setting which held great importance for her. We thus decided, with her, to focus on a simpler job in the kind of environment in which she would feel comfortable and successful.

Throughout the process, Patricia's parents were supportive and realistic. They understood her limitations, recognized her abilities, and wanted more than anything to see her in a secure job with good benefits. Since we generally deal with adults at ICD, we are not usually involved with the parents of our clients; in the case of a young adult with a learning disability, however, the reinforcement provided at home can be invaluable. We made it our business to keep Patricia's parents informed throughout all phases of the placement process. We maintained an open dialogue with them regarding what was expected of her at all times.

Two placement possibilities which we felt were realistic for Patricia were file clerk and duplicating machine operator, because they were jobs that:

a) Patricia could do successfully
b) exist in the New York City job market
c) are performed in an environment compatible with Patricia's self image.

We began preparing Patricia for her job search by completing, with her, a pocket resume to guide her in filling out an application. We also used a video tape for practice interviews to deal with the rather flat affect she presented in a stressful situation.

Not all of her job interviews went well, but with exposure, she steadily improved and gained more confidence. We were always able to provide her with feedback from interviewers. We emphasized the positives and worked to improve the negatives. After three months, she was offered a job as a duplicating clerk in the financial district, which she accepted. Prior to beginning that job, she spent two weeks with the mailroom supervisor at ICD learning all of the aspects of the job from ordering supplies to troubleshooting for minor repairs. With the permission of her employer, we were present on her first day of work to assist in training, and were permitted to visit on a regular basis to lend support and intervene when a problem arose. Her supervisor was informed about her disability and did not hesitate to call upon our staff for advice and help.

Most of the problems Patricia encountered at work revolved around socialization and lack of assertiveness. She was anxious to form new friendships, but during slack periods at the office felt isolated from the rest of the staff. We encouraged her supervisors to involve her in other tasks during those times, and so Patricia was asked to do some internal messenger work, which she enjoyed.

Later, however, when the workload at the office began to increase, the company hired a college student to work with Patricia on a part-time basis. He began to take on a large portion of the assignments, leaving Patricia hovering in the background and feeling threatened by what she perceived as his aggressiveness and apparent ambition. Her feelings of inadequacy were expressed in resistance to her supervisor's request

(Continued on page 3)

Job Attainment *(Continued)*

regarding reassignment of tasks and even lunch hours.

We spoke with her supervisor at length and decided to meet with Patricia in our office to help her take corrective measures regarding her behavior. We rehearsed with her how to ask for work, and by role-playing, were able to advise her on appropriate ways of dealing with co-workers. She needed to understand her role *vis a vis* the part-time worker and to be reassured that she was the full-time mainstay of the department. It was pointed out to her that her frustration and anger grew out of her own lack of action, causing her co-worker to assume more responsibility, a fact which only exacerbated her anger toward him.

As time went on and Patricia was able to assert herself, things fell into place. She learned that by taking responsibility for her own actions, she was able to fulfill her role in the department, to her boss' — and more importantly, to her own — satisfaction.

. It's important to note that Patricia's willingness and ability to analyze her own behavior were key to her making the necessary changes to achieve successful employment. It is to her credit that she was able to take what we discussed at ICD and transfer it successfully to her every day work situation.

Selective placement takes creativity, insight, hard work and determination. In placing a learning disabled client, it is especially important that the client and the employer be prepared for their joint association. They need to be assured that support services will be available and to be informed as to how to call upon them. The initiative must not be left to the client or the employer alone; systematic follow-up on the part of the referral agency is essential for job retention. The time and energy involved cannot be minimized but the resulting successful placement is well worth the effort. ■

Elisa Lederer is Director of Placement at ICD. Prior to joining ICD, Ms. Lederer worked in the private sector for seventeen years and as a teacher of remedial reading for three years. She has a B.A. degree from St. John's University.

Suzanne Gorbunoff is Group Vocational Counselor at ICD. She holds an M.A. in Speech Pathology and prior to coming to ICD held positions as a Training Manager and as an Employment Counselor in the private sector.

The **Churchill Forum** wishes to express its profound apologies to Ms. Sandra LaPorta for having misplaced certain subtitle headings in her fine article in our January 1986 issue. The Editor takes full responsibility for this unfortunate occurrence.

Employing the Learning Disabled Adult

by Linda Howes

Upon arriving at the day care center on a Monday, I find it is one of those mornings that administrators dread; the cook is sick and one of the afternoon teachers has called in with a sprained ankle. I can cook, but who will cover for the afternoon teacher? As I am calling through the substitute list, in walks Heather. Heather is the morning aide in our toddler room and the afternoon aide in our preschool room. She has three hours free between shifts.

"Heather, do you have any plans for this afternoon?" I ask hopefully.

"No."

"Would you like to sub in the preschool room? You can say no if you have plans."

"No, I don't have plans, I'll sub."

"Terrific!"

Well, that takes care of the twelve to three part of the shift — just three more hours to cover. As I make the rounds of classrooms to ask teachers if they would like to work some extra hours, I meet Edward. Edward is a student intern from a local college who works in our kindergarten room three days a week from nine to three.

"Edward, do you have a class this afternoon?"

"No, I don't have any classes today."

"Would you like to sub in the preschool room from three until six?"

"I'd love to."

"Thanks Edward. I'll call over about 2:30 p.m. to remind you."

Crisis averted!!

It is wonderful to have people available at the day care center who are as flexible and as competent with the children as Heather and Edward. But Heather and Edward are not the usual teacher aide or student intern; they are learning disabled adults. Both of them came to our day care center through the Threshold Program at Lesley College in Cambridge, Massachusetts. We have beeen involved with the program since last summer and have found that working with learning disabled adults can be both challenging and rewarding.

LD Adults as Teachers' Aides

Following graduation from Threshold in May, Heather read an ad we had placed in a local paper and called to express an interest in the position. We asked her to send us a resume, and then we set up an initial visit. Although she seemed very shy and had difficulty maintaining eye contact, Heather presented herself well. She spent time in the preschool room and was asked back to substitute in the aide's position. After substituting for a week, Heather was offered the job.

Soon after hiring Heather, we were approached by the staff from Threshold and asked if we would be interested in being part of the internship program. The Threshold Early Childhood Coordinator came to talk to the staff about their program and the possibility of placing student teachers with us. In the beginning, there was some resistance from teachers who felt uncomfortable with the idea of learning disabled adults in the classroom. They felt it may be more work than it was worth. In discussing the situation with the staff at Threshold, we decided to place students only in rooms where all staff felt comfortable with the idea. The administration also approached the Board of Directors with the notion of having learning disabled adults in the classroom as aides and interns, and they supported the project wholeheartedly. Since hiring Heather for the preschool position, we have also hired her to work mornings in the Toddler room. Another learning disabled woman has been hired as aide in our two to three year old room, and is being considered for a position in our Infant room. We also continue to use our student interns as subs when appropriate.

Strategies for Hiring

In our experience of hiring learning disabled adults, we have found many strategies that make the process smoother and easier for everyone.

First and foremost, it is important that the position one is seeking to fill is appropriate for a learning disabled person. One's expectations must be realistic. If a classroom needs an assistant teacher, then someone with the experience and capabilities of an assistant should be hired. If an aide is needed, one should hire someone with those capabilities. But an aide should not be hired to perform as an assistant teacher. As with anyone, a learning disabled employee becomes overwhelmed when put into a position where s/he cannot do the job as expected. Therefore, it is important to hire the right person for the right job.

Secondly, it is extremely important that everyone who will be working closely with the learning disabled applicant, be in agreement that hiring this person is the right thing to do. If anyone has strong reservations, they should be discussed before any decisions are made. It is necessary for all teachers on a team to come to a consensus about the hiring. If they cannot, they should look for someone else to fill the position.

We have altered our hiring process somewhat to accommodate the learning disabled applicant. Rather than having the applicant visit just once, we have him or her substitute in the classroom. This gives the individual a chance to feel more at ease with the situation and to earn

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PARENTING THE LEARNING DISABLED CHILD

One Parent's Experience

by Thelma L. Markowitz

A long awaited and much cherished first pregnancy, an easy but prolonged labor, and then — as if it were happening to someone else: "fetal distress — an emergency caesarean." Afterwards, the physician's reassurance, "a healthy baby girl." The initial fear was relegated to some hidden place, deep in the recesses of my mind. Pushed away, denied, but there.

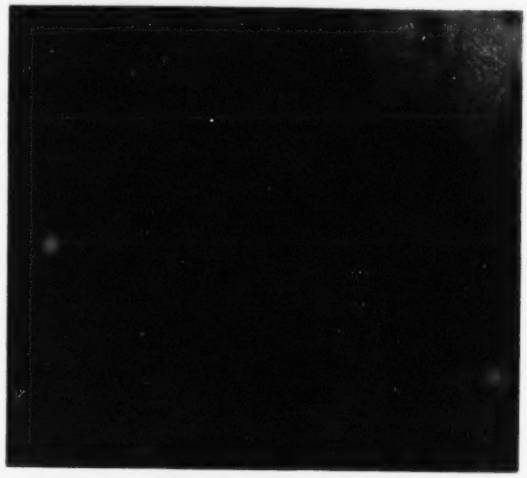
The first months at home: relishing, delighting in this perfection of a child. Her behavior became the standard of normality. There was no rhythm to Susan's early infancy, no predictability to her sleeping and eating patterns. And if Dr. Spock and her pediatrician said there should be, they were wrong. Or I was doing something wrong.

Eight months old, sitting in her high chair: a beautiful, healthy baby girl, doing the expected things at the expected times — sitting, crawling, vocalizing, relating. But - - - how she struggled to pick up the peas on her high chair tray. And, for one unforgettable moment, the fear was awakened, as I compared Susan to the *norm* that I knew, not from a book or from someone else's expectations, but from my professional experience with infants. But then, "I will not be a psychologist with my own child. She's perfectly fine!" And I picked up the peas for her.

Four years old and in day care: verbally precocious, reveling in dramatic play, imaginative and creative in her games. She struggled with printing, but "each child is different," I say. "Writing is not a skill for a four year old." Then, "Look at what I wrote, Mommy!" She hands me a paper with evenly spaced, well formed letters, all facing in the expected direction, so different from her previous attempts. "This is wonderful work, Susan." And on the back is printed, "Danielle." This time it's harder to deny, harder to keep the fear at bay. But, still I do nothing.

Five years old and laboriously struggling, unsuccessfully, to master the weaving set which she had begged for. Frustration mounts and mounts until she explodes, tossing the weaving across the room and disolving in tears. "It's too hard to be alive, Mommy." And, as I attempt to comfort my little girl, my panic mounts. It has taken me five years to reach the first step in acceptance of my child's learning disability. Finally, I admit that a problem exists and prepare to look for help.

There are no step-by-step guidelines for parenting a learning disabled child. The books outline sequential steps in child development — the norms — but our children do not necessarily follow the expected patterns of development. How and where they deviate is individual and sometimes unpredictable and, therefore, we, as parents, are constantly having our expectations and hopes dashed. Hopefully, if we have been able to find an appropriate academic setting for our child, staffed by professionals knowledgeable about learning disabilities (and these are few and far between), the cognitive implications of their learning disabilities have been explained to us and we have been able to develop an appropriate framework of expectations within the academic setting.



And I picked up the peas for her.

Learning disabilities, however, do not just affect our children when they are learning to read, or organize a research paper, or do long division. A learning disability is pervasive. It is part and parcel of what our children are. It is with them when they go to a party, get ready for school in the morning, travel to a friend's house. It was not until many years after that I connected Susan's anxiety in learning to cross a street alone with her difficulties in perception. At eight years of age, Susan knew that she could not trust her perception of how far away the approaching car was; she could not rely, as her five year old brother did, on a non-verbalized estimate of how long it would take the car to reach us in comparison with how long it would take her to cross the street. Susan knew, but I didn't.

Confidence and independence are the two goals which can be so elusive for learning disabled youngsters and which we, as parents, struggle to find every opportunity to foster. With them, they will be equipped to cope with and overcome the many obstacles they will surely encounter. Without them, they will only stumble into adulthood. By knowing our children — knowing their strengths as well as their weaknesses — we can find ways to help them capitalize upon these strengths and provide them with techniques for coping with the weaknesses.

Sometimes we must listen to our children as they tell us what they need. Susan, at age eight, pleaded for acting lessons. Money was tight, because I was already "meeting her needs" through the private school whose individualized program was one in which Susan could function, and through twice weekly sessions with a learning disabilities specialist. However, Susan, at eight, unable to ride a bike or roller skate, just beginning to read, a "dropout" from dancing school, had hit upon what she so desperately needed — an area in which she could excel! Her verbal precocity, creativity and unusually agile memory were all strengths which could flourish in this setting. Her five years of "stardom" with a small children's acting company did much to help counteract her image of herself as incapable and to enhance her self-confidence.

At other times, our children's fears may preclude their ability to attempt the goals for which we feel they are ready, or to accept the supports which we feel they need. We may find it necessary to force this acceptance while, at the same time, providing extra support, sometimes in concrete form, to help alleviate their anxiety. For many years after Susan had mastered the rudiments of independent bus travel, going to a new destination continued to be a fearful prospect. Only now, in late adolescence, is she developing a cognitive picture of New York City.

(Continued on page 7)

The Adult Dyslexic *(Continued)*

remembering.

During the year and a half that Minerva was in class, she took the California Achievement Test (CAT) every four months; her scores hovered around 4.0, never rising above 4.1. At the sixth administration of the standardized CAT 2, her score jumped to 6.5. Neither of us trusted so broad a leap, so I administered the CAT 3, a test she had never seen and one designed to measure levels 4.5 to 6.9 accurately. On that more difficult test, she scored 6.2 and we both knew she had broken through an unseen barrier.

Minerva and her classmates had sparked in me a deep interest in the learning difficulties of perfectly intelligent, articulate, normal adults. I returned to school for a Master's degree in reading and learning disabilities. For my thesis I investigated *The Frequency of Dyslexic Symptoms Among Adult Welfare Recipient Students* and found that 32% of the 50 students tested exhibited dyslexic symptoms. According to various theorists, approximately 10% of an average achieving class and 30% of a reading failure group could be expected to be dyslexic. Since all my students had attended school for some period of time in their early lives, it could be assumed that they were a reading failure group and as such showed the same percentage of dyslexic symptoms as that found in the literature.

The Orton Society

My interest in dyslexia brought me to the Orton Dyslexia Society where I learned that the multi-sensory phonic approach which earlier I believed I had *invented* was a first cousin to the Orton-Gillingham method. In time I came to work not only with Board of Education students, but privately as well with more advantaged adults, who were out in the work place with well-closeted problems in reading, writing, and oral communication. In addition, I ran meetings at the Orton Society for adult dyslexics who needed information and support. Two facts stood out in dealing with these differing economic populations: first, there were no differences in the symptoms and academic functioning among the dyslexics of any of the socio-economic groups; second, the non-verbal and emotional problems of all were as profound as the academic difficulties.

A lifetime of inferiority, insecurity and ambivalence concerning one's abilities and intellect sent those who were able to afford it seeking psychological help. Where the therapist was knowledgeable of the verbal and non-verbal symptons of dyslexia, the client made progress and was often sent for remediation at the same time. Where the therapist knew nothing of or disbelieved in the existence of dyslexia, the client spent years chasing after imaginary ghosts that might explain, for example, why travelling alone was such a fearsome prospect. Of the symptoms described over and over by adults, problems with travel come up repeatedly: "I'm told to go to the left and I go to the right. I can't see the map of where I'm going in my head even though I've been there countless times. I reverse the numbers and go to the wrong address. I get off at the same stop every week and walk two blocks in the wrong direction as often as I walk in the right direction. Once I get lost in the car and ask for directions, I'm hopelessly unable to remember them beyond the moment they're given. My spelling and handwriting are so bad that when I write the directions as they're given orally, I can't read them back later when I need them. I can't read a road map."

Michael A.

Michael A. is an extremely bright, creative entrepeneur, artist, and inventor, who owns an exquisite beauty salon on East 57th Street and exhibits his photography worldwide, having recently returned from a successful show in Warsaw, Poland. His latest invention is now being copyrighted and the prototype manufactured.

Michael attributes his high school diploma as much to his own wits as to loving parents, who encouraged his talents, admired his creativity, and supported him when the schools did not. An early attempt at college was distastrous, but he continued to learn through television, travel, slow reading, and his friends; he related easily to people with a string of degrees following their names. After eight years with a therapist who did not know about dyslexia, a friend suggested a new therapist who happened to be dyslexic himself. He sent Michael to the Orton Society where he was referred to me for diagnosis. Michael displayed many symptoms of dyslexia with scattered scores ranging from 5.0 in spelling on the Wide Range Achievement Test (WRAT) to 14.0 in vocabulary on the Nelson Denny Reading Test. On the timed Nelson-Denny test of comprehension, Michael completed only two of the eight passages for a score of 6.0. When given time to finish the test, he scored 12.4, but it took him an hour and five minutes spread over several sessions instead of the prescribed twenty minutes in one sitting. His reading of isolated words (WRAT) resulted in "hearsay for heresy, preserve for persevere, scold for scald, radical for regicidal" and many more mispronunciations, giving a score of 9.0 and an understanding of why his reading was so slow and labored.

One day Michael came to a lesson quite perturbed by a telephone conversation with his former therapist who had called, thinking that the message left on his answering machine was from Michael. If only he could compose a letter that would say what he had been unable to say under those stressful conditions! The situation created the motivation to write a letter. It took nine one-hour sessions to compose and rewrite the letter. Several months passed and another three rewrites brought it to its present state. My role was to guide the brainstorming and outlining sessions, talk through the ideas that were bursting out in a disorganized and disjointed fashion, and teach Michael how to correct errors. The thoughts and actual words were all Michael's. He has asked that the letter be publised so that therapists unaware of dyslexia could begin to understand the difference between dyslexia-related problems and others.

(Continued on page 6)

The Churchill Forum, published quarterly, disseminates the thinking and research of professionals working in the area of learning disabilities both at Churchill and elsewhere. Your tax deductible contribution, which will help us to continue this essential service, will be most welcome. Please mail to:

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CHURCHILL EXPANDS

John W. Malcom, President of the Board of Trustees has announced the appointment of Dr. Ronald P. Huff as the new Director of the Churchill School and Center for Learning Disabilities. Dr. Huff will assume his new position on July 1, 1986.

Dr. Huff, age 38, is married and has a teenage son. He is a resident of Manhattan and has been the Head of the Upper School of the Hewitt School since 1981. Educated at Northwest Missouri State University, where he received his Bachelors degree and Union Theological Seminary, where he received a Ph.D., Dr. Huff spent five years at the Trinity School as a history teacher and Upper School counselor.

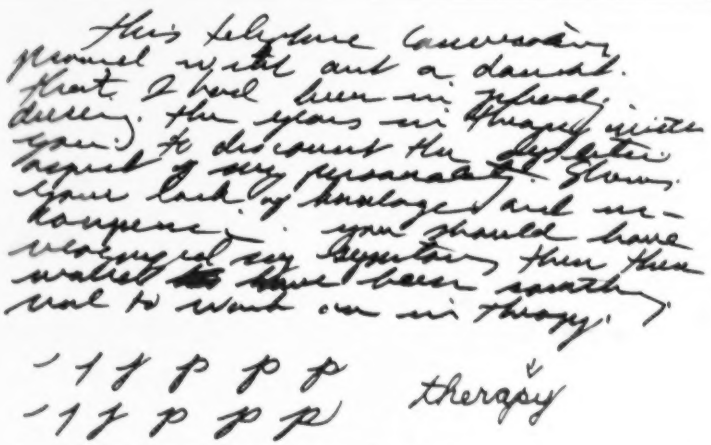
Mr. Malcom described Dr. Huff as an experienced innovative and caring educator who comes to Churchill at a very exciting and challenging time. Churchill is in the process of completing the renovation of a recently purchased Brownstone on E. 94th St. which is now connected to the main building on E. 95th St. The newly enlarged physical plant will permit an expansion both of the student body and all aspects of the Churchill program.

Mr. Malcom stated that the Board of Trustees believes that Dr. Huff has "the vision and talent to continue the remarkable success of the Churchill School and to expand its renowned Center for Learning Disabilities."

Readers of the **Churchill Forum** are also invited to request additional copies of this, or others issues, of the **Forum.** If you would like to receive multiple copies of the **Forum** on a regular basis (for use in school programs, diagnostic centers, seminars, etc.) please let us know by requesting the number desired on your school/center letterhead.

Do you have suggestions of articles you would like to see appear in the **Forum**? If so, please let us know.

The **Churchill Forum** would be pleased to consider manuscripts dealing with topics in the field of learning disabilities. Manuscripts should be double-spaced and not exceed 1200 words. Receipt of manuscripts will be acknowledged. Unaccepted manuscripts will be returned only at the writer's request. Send manuscripts and/or abstracts to: Editor, The Churchill Forum, 22 E. 95th Street, New York, N.Y. 10128.



An open letter: first draft

The Adult Dyslexic *(Continued)*

An Open Letter to My Former Psychotherapist

My telephone conversation with you in early April proved without a doubt that I had been in jeopardy during my years in therapy with you. To discount the dyslexic aspect of my personality shows your lack of knowledge and incompetence. You should have recognized my symptoms — poor memory, poor spelling, poor decoding, organization difficulties, foreign language difficulties, writing difficulties, and reading difficulties. Then there would have been something tangible to work on in therapy.

My problems came as a result of my inability to keep up with my peer group. This had a damaging effect on my emotional growth. The history of my early school life, which I communicated to you, should have been enough for you to have recognized the true nature of the problem as other than classic neurosis.

As a dyslexic, one's search for acceptance and approval can lead to certain neuroses which would otherwise not have developed. The need to pretend in order to project an appropriate image in the world can leave one isolated and maladjusted in certain areas which are essential to a balanced psyche. Undiagnosed, the dyslexia handicap can send some through life feeling inferior and left out, while others may develop narcissistic tendencies and various personality difficulties to camouflage the truth of one's shortcomings.

These neuroses are directly connected to the dyslexia. In my case, I know now that this is true. A competent evaluator would have spotted the dyslexic symptoms as a cause of my frustration and confusion. Properly analyzed, therapy would have pointed me on the correct road instead of continuing me on a blind path.

I'm writing you to communicate the anger and frustration over the damage done during those eight lost and wasted years in therapy. With proper understanding, you would have recognized the symptoms as a major cause of suffering. Indeed, the therapist I went to after you, spotted these symptoms within three sessions and referred me to the Orton Society, where I was in turn referred to an educational therapist. She confirmed the dyslexic condition after extensive testing.

Now that I have been correctly diagnosed, much of the doubt and painful confusion are beginning to lift. I'm also developing writing and reading skills that were unattainable before remediation. In our telephone conversation, you abruptly discounted remediation as an appropriate way of dealing with my problems. But it is through remediation that one can be supported and trained to obtain knowledge, not through a vague psychotherapeutic process. The therapist as teacher cannot take the place of one's developing his own skills to expand his knowledge as you led me to believe.

If I hadn't made my break with you, this letter could not have been written. This letter in itself is an example of the process of remediation. I hope this opens you to an awareness and understanding and assists you in diagnosing future patients correctly. ■

Joan Knight is the city-wide Coordinator of Staff Development for the New York City Board of Education program, Adult Basic Education, and Adjunct Assistant Professor in the Graduate Linguistics Department at Queens College, where she teaches courses in reading. A member of the Board of Directors of the Orton Dyslexia Society, Knight maintains a private practice for adolescent and adult dyslexics. Her textbook, Starting Over will be published by Educators Publishing Service in May 1986.

Employing *(Continued)*

some money at the same time.

When s/he comes for an initial visit, we ask him or her to spend some time in the classroom with the children. After the visit, the teachers talk together and assess the individual's skills. If the teachers think s/he has potential to fill the position, s/he is asked back to substitute in the position until s/he feels comfortable and has a grasp of what is expected in the room. In our experience, this has worked very well. We have seen one individual progress from spending all of her time with one child to interacting with teachers and groups of children in just a few weeks. It has also been very effective at the initial visit to assure the candidate that we are committed to hiring the learning disabled and that we appreciate what s/he can bring to the center.

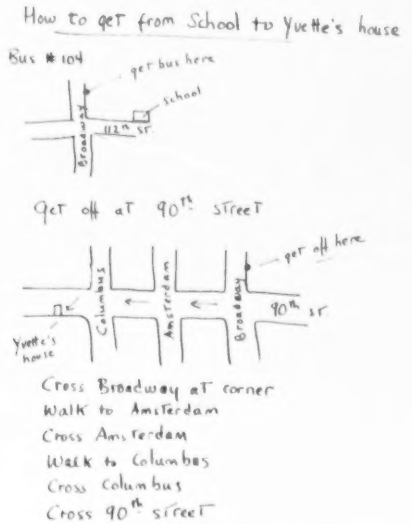
After hiring the individual, we assign one staff person to supervise the new employee. The staff person meets with the individual on a regular basis to answer questions and to give feedback. In doing this, we let the learning disabled employee know that there is always time set aside and someone to whom s/he can go to with questions or concerns. The supervisor uses this time to talk about how the employee is feeling in the room, to work on problem areas, or just to tell the individual that s/he is doing a good job. Positive reinforcement is crucial to everyone, but it is especially important to employees with learning disabilities. Often their self-esteem is low, and it is important to help them feel good about themselves and their performance.

We are careful to include everyone on staff, including our learning disabled employees, in all aspects of center life. We solicit their opinions, include them in discussions about children, and invite them to center-wide activities. They are an important part of each team, and we want them to feel that way.

We feel it is important to write out information and instructions for the learning disabled employees. If one is asking an individual to change his or her routine, it is best to follow-up a discussion with a note. A note can also be used to tell an individual that s/he is doing a good job and is appreciated.

Despite all the considerations mentioned, we have found that employing learning disabled adults is worth the effort. They bring a special diversity to our day care center. Our learning disabled aides and interns are dependable and competent in what they do, and we are glad to have them at Children's Village. ■

Linda Howes is program co-ordinator at Children's Village. She has her M.Ed. from Lesley College, Boston. Ms. Howes has worked with special needs preschoolers through Headstart and taught infants and preschoolers in day care.



"Mommy's maps" become a mainstay of travelling for many learning disabled children.

Parenting *(Continued)*

"Mommy's maps" became a mainstay of traveling. Clearly delineated and labeled pictures of where she was to get on and off the bus, and the streets she would have to walk, provided an anxiety-quelling guide and enabled her to function in a more independent manner.

As is true in parenting any child, but perhaps with more difficulty in parenting learning disabled children, we struggle not only to accept the reality of who and what our children are, but also to be in touch with and accept our feelings about these children. Acceptance is a process, rather than a finite goal. It is enhanced every time we achieve a new understanding of how our children are different from the *norm* (i.e., our unspoken expectations) and reach a new level of empathy with how difficult life is for them, again, compared with *the norm*. Unpleasant as it may be, the more we admit our anger, our disappointment, and our fear, the closer we come to accepting our children and being the parents our children need so desperately if they are to become self-sufficient, achieving adults.

This cannot be done alone. Just as our children may need specialized professional help in dealing with their specialized problems — academic, social and emotional — we too must be open to help from the professional community, whether this be informally from the helping professionals within our child's world, or more formally in terms of workshops, parent support groups or psychotherapy. Susan and I were lucky to have within our world a learning disabilities tutor, who through her perceptive image of Susan as a complete person, was able to enhance my understanding of her strengths and needs, as well as a school psychologist whose availability to me during crises and periods of decision-making was an unending source of support.

Today, at age sixteen, Susan is a delightfully articulate, creative and sensitive adolescent, bordering on young adulthood. Her messy adolescent room is worse than others'. School assignments take her longer than they take her peers, and probably always will. However, highly motivated to achieve, and with the help of Resource Room and extended time allowance on her tests, she is maintaining a "B" average at a competitive New York City high school, from which she expects to gradulate next June with a Regents' diploma. She intends to apply to equally competitive colleges and views herself as a learning disabled young woman who has and will continue to achieve. I have the utmost respect for her! ■

Thelma L. Markowitz, mother of Susan, 16, and Peter, 13, is currently a school psychologist in a New York City public junior high school and practices psychotherapy privately with adolescents and adults. She was trained in school psychology at City College and in clinical psychology at New York University. In the past she has worked extensively with infants and has conducted many parent groups and workshops.

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THE LEARNING DISABLED ADULT

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Dear Reader:

As time goes on, we in the field of special education are optimistic that increased professional awareness will facilitate the early detection of learning disabilities. But in the meantime, there is a considerable population of learning disabled adults who did not benefit from early diagnosis and acceptance of learning differences. In this issue of the **Forum**, you will meet the Michaels and Susans, Patricias and Heathers who, with the guidance and support of sensitive parents, therapists, placement officers and employers, demonstrate to us all that learning disabled adult *can make it*.

Harry Valentine
Founder
The Churchill School

Churchill Forum

Note From The Editor

New subscribers are welcome. The **Churchill Forum** is available, at no charge, to anyone interested in learning disabilities. If you are not currently on our mailing list, please fill in and return the coupon. Feel free to include the names and addresses of interested friends and colleagues.

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CHURCHILL

Churchill Forum

THE CHURCHILL CENTER FOR LEARNING DISABILITIES, INC.

VOL. VIII NO. 4 JUNE 1986

Learning Disabilities and Psychological Development

by Jonathan Cohen

Introduction

Parents and educators have long known that the psychological and social difficulties that characterize many learning disabled children and adolescents are often as problematic as the cognitive disability itself. In fact, this is often the case in late childhood and adolescence. Psychosocial problems further complicate learning, school work, relationships and the process of psychological development.

To understand further how the experience of being learning disabled affects development, I studied a group of children and adolescents with whom I have worked in intensive psychotherapy and/or in comprehensive neuropsychological diagnostic evaluations. I wanted to see what common configurations — if any — emerged in the learning disabled children and adolescents, how these were similar and different from a group of non-learning disabled children and adolescents, and how the experience of being learning disabled became interwoven with development. I was interested in the unconscious life of these youngsters, as well as their conscious experience.

This investigation is based on ten learning disabled boys and fifteen learning disabled adolescents (twelve were male; three were female). Details about who these youngsters were diagnostically can be found in Cohen, 1985, 1986).

Common Configurations

It is well known that psychological, social and biological factors are intrinsically interwoven: we are *bio-psychosocial* beings. Although too many investigators, clinicians and educators have focused on either the psychological or the biological aspects of learning disabilities in a polemical fashion, the experience of being learning disabled is naturally only one element in the child's development. The effects of a learning disability inevitably become interwoven with other concerns, conflicts, interests, strengths, weaknesses, wishes and adaptive strategies. As I will now describe, being learning disabled not only seems to have a significant effect on various aspects of self-experience and the emotional life of the person but acts as an organizer of development. Although these configurations consistently characterize the learning disabled and adolescent children studied, it is important to note that overall, they are a more heterogenous than homogenous group.

Peer response plays a critical and central role in psychological development.

Problems of Work and Learning

The learning disabled youngsters studied showed two particular configurations of problems with work and learning: (1) educational problems due to the cognitive disability itself, and (2) problems owing to psychological factors that are directly and/or indirectly related to being learning disabled.

The variety of educational problems due to learning disabilities in childhood are well known to readers of the *Churchill Forum*, so I will not detail these problems here.

Instead, I will concentrate on the second configuration, i.e., work and learning problems owing to psychological factors, which were tremendously varied in the youngsters studied. Although the children did evidence a variety of work and learning problems that were psychological in origin, no consistent patterns were observed. However, there seemed to be three psychologically problematic implications of being learning disabled in adolescence: (1) difficulty working in an increasingly independent manner; (2) difficulty defining what they (rather than what parents or teachers) want to study; and (3) not being able to compete without undue anxiety.

In the following discussion of the more internal, and often unconscious, experience of being learning disabled, it will be easy to see how the learning disabled students' concerns, conflicts and wishes about themselves and others interfere with a realistic assessment of strengths, weaknesses, interests and ability to learn.

Emotions

The learning disabled children and adolescents studied evidenced two major emotional configurations: (1) a low level, chronic depression; and (2) an unusually high propensity to experience distress, anxiety and panic anxiety.

Virtually all of the learning disabled children over the age of seven evidenced a chronic, low level depression. These depressive feelings were not related to internalized frustration — anger due to frustration, but rather to the sad feelings of having lost a valued part of self. Often (but not always) this sense of loss was related to part of their "head/brain."

The sad feelings that there is a discrepancy between what one "is" and what one "ought" to be, and the ensuing frustration, characterized both groups of youngsters studied. However, only the learning disabled youngsters showed a low level, chronic depression and the fantasy that they had lost a valued part of themselves.

It is unclear how this low level depression or sad sense of having lost part of oneself is related to learning disabilities. The learning disabilities of these students had been life long: they never had "it" to lose. However, their experience may very well have been that on occasion

(continued on page 2)

Cohen *(continued)*

they could not do what at other times they could. As I will describe below the *intermittent* nature of mild to moderately severe learning disabilities may importantly contribute to this experience and other psychological difficulties.

It has often been said that learning disabled youngsters are quite anxious. Interestingly, the conscious anxiety and distress about not measuring up to peers were not unique to the learning disabled children and adolescents studied; the youngsters that I studied with purely psychologically-based learning problems were also plagued with these feelings. However, the learning disabled students did consistently evidence a variety of worries that were outside of awareness — that is, unconscious — that the others did not. Unconsciously, they imagined that performance (academic and otherwise) was a danger situation: one in which they would humiliate themselves, fail and be helpless.

It seems that learning disabilities always result, to a greater or lesser extent, in moments of helplessness, confusion, and, as a result, feelings of humiliation and failure. These moments are repeated but cannot be predicted or anticipated due to the intermittent nature of most mild to moderately severe learning disabilities. Their unpredictable nature can only underscore the youngster's experience of helplessness and, as a result, suffering and the anxious anticipation of failure and humiliation. In fact, many of the learning disabled children and adolescents evidenced a tendencey toward panic anxiety. In other words, when they became anxious — for whatever reason — a sense of panic rapidly ensued. This tendency reflects a developmental failure to be able to modulate anxiety.

Learning Disabilities: An Intermittent or Constant Problem?

Specific cognitive deficits vary in terms of frequency: intermittent versus constant. Although rarely discussed, mild to moderately severe learning disabilities (e.g., a language disability or visual processing disability) interfere with functioning (e.g., word retrieval or reversal and rotation of percepts) in an intermittent manner. More severe cognitive disabilities tend to inhibit functioning in a more constant manner. The process of assessing the severity of learning disabilities in childhood and adolescence is complex and inexact. However, the frequency of a disability in conjunction with the extent to which the disability interferes with learning (delimited versus total), extent of discrepancy between achievement and intelligence, overall IQ (verbal and performance), and psychological factors all need to be evaluated and synthesized to determine severity.

The intermittent and hence unpredictable nature of mild to moderately severe learning disabilities has critical psychological consequences. A disability that is constant (e.g., blindness) may be more debilitating, but much easier to anticipate and hence to understand, accept and integrate. On the other hand, an unpredictable event is much more threatening, confusing and difficult to understand.

The Internal Experience of Self and Others

All the youngsters studied, both the learning disabled and the non-learning disabled, showed feelings of incompetence, inadequacy, low self-esteem and anxiously believed that they would fail. However, there was one aspect of self-experience that did uniquely characterize many of the learning disabled youngsters studied. A consistent and core aspect of these youngsters' *unconscious* self-representation was that of being painfully damaged, inadequate, dumb and vulnerable. These negatively colored, disparaging unconscious self-representations crystallized and were becoming an integral aspect of the children's characters by the age of seven or eight.

Many have noted and described the importance of understanding the learning disabled child's experience with others: parents, peers and teachers. There is no question that others' response to the child plays a critical and central role in their psychological development.

The parents of the children and adolescents studied varied widely in terms of what their child's problems meant to them and how they seemed to respond to their child's struggles. The non-learning disabled youngsters' expectations (conscious and particularly unconscious) of others were consistently linked to actual experience with parental figures. However, this was less so for the learning disabled students. To some extent, regardless of how parents and teachers responded to their LD youngsters' difficulties, the children and particularly the adolescents, showed the anxious concerns, low level depression and self-representations I have noted above, and a sense of conflict, rigidity and trauma that I will describe below. Certainly, the youngsters who grew up in environments where parents and teachers knew about their disability and seemed to respond in a supportive and empathic fashion had *significantly* less difficulty than those who did not. But it was surprising (and distressing) to discover that, even in the seemingly best situations, the older chilren and the adolescents were still plagued by the psychological concerns and struggles I am describing.

Learning Disabilities and Personality Development: Major Themes

I would now like to turn to three major themes that emerged regarding learning disabilities and personality development.

As noted previously, each LD youngster periodically experiences frustration, failure and a sense of helplessness, each youngster attributing his or her own meaning to these experiences. There is no one-to-one relationship between being learning disabled and having a given set of psychological features.

1. Learning disabilities and cumulative trauma

The relatively intermittent nature of mild to moderately severe learning disabilities seems to contribute to the belief that frustration and failure are unpredictable and uncontrollable. These repeated moments of frustration, failure, and helplessness seem to be accompanied by a painful lowering of self-esteem and negative self-representations. Gradually, these repeated moments (and the anxious anticipation of them) seem to result in trauma.

The notion of truama usually refers to a wound, produced by sudden physical injury or an emotional shock that creates substantial and lasting damage. Being learning disabled is not a shock in this sense. In fact, the effects of a learning disability are virtually never acute or sudden. Rather, in the youngsters studied, the experience of being learning disabled was characteristically subtle and ongoing. Their lowered self-esteem and sense of stability were stressed repeatedly throughout childhood and adolescence. These repeated moments of helplessness came to be associated with painful feelings of distress, anxiety, humiliation and loss.

Usually parents and teachers can buffer the child from repeated experiences of helplessness. When a child — for whatever reason — is not protected from repeated moments of helplessness, the cumulative result is a feeling of trauma. It was quite striking to discover that even in the best of situations (i.e., where the child seems to have been empathically raised and supported at home and school), none of the youngsters studied completely escaped these repeated moments of helplessness and a sense of stress and trauma.

2. Learning disabilities as an organizer of development

Learning disabilities are a developmental organizer. The fact of the disability itself organizes experience by being a determinant of strengths, interests, weaknesses, and of the development of adaptive strategies.

(continued on page 3)

Difficulty in learning can become a challenge to be overcome.

Cohen *(continued)*

Learning disabilities are cognitive weaknesses. Weaknesses are always a determinant in the person's unfolding sense of self and identity. We learn through experience, and when a given task is difficult, we tend to react in one of two ways: either we avoid (and in a related fashion come to feel that we are inadequate for the task) or we do the opposite; we expend a tremendous amount of energy and time on becoming "very good" at what was initially a difficult task. A common example of the latter response is the dyslexic child who becomes an avid reader. In either case, the weakness shapes behavior and our experience of self. This is particularly true when a given weakness interferes with an ongoing process (e.g., learning),giving rise to powerful emotional as well as practical consequences.

Paradoxically, learning disabilities potentially contribute to the child's and adolescent's repertoire of strengths. Characteristically, if the learning disability is not too severe and if teachers and/or parents empathically support the child, difficulty in learning tends to become a challenge to be overcome. Although this does not make the disability go away, it does tend to make the person feel effective and competent ("I am a good reader, I like to read ... I learn a lot through reading"). Feeling effective and competent provides a foundation for achievement.

Learning disabilities often seem to contribute to accelerated or precocious development in other psychological abilities and interests. A number of recent studies by the late Dr. Geschwind (e.g., 1982, 1983) and his co-workers at Harvard have shown that many dyslexics have superior talents in a number of nonverbal (right hemisphere) areas, such as art, architecture, engineering and athletics. Geschwind suggested that there is a genetic basis to this, which may be evolutionarily advantageous.

Accelerated development may also represent a psychological compensatory response to being disabled. The experience of inadequacy, helplessness, strain and failure usually gives rise to the wish to become very competent and accomplished. In any case, accelerated development in other areas (i.e., nonverbal) characteristically leads to individual strengths which, like weaknesses, are virtually always a personality determinant. We become interested in and like to do what we do well, and hence we usually do that more often. This further reinforces and supports the development of that skill.

It is well known that the experience of being learning disabled characteristically results in the child developing compensatory strategies — the discovery and use of coping stategies that allow the student to circumvent the area of disability. A child who confuses 'b' and 'd' will read slowly, to check and re-check the letters or discover that a "b" looks like his/her left hand, thumb up, fingers closed into a hitchhiking sign. Children adapt to their disabilities automatically with compensatory maneuvers, and teachers often instruct learning disabled children to do just this. In the children and adolescents studied, these compensatory strategies seem gradually to become generalized or characteristic adaptive patterns. How we cope or adapt to difficulty always directly and/or indirectly affects our sense of self; in fact, it is a psychologically central trait.

For example, a number of students I studied chose, as an educationally adaptive strategy, to work quite slowly. When they read or performed mathematics very quickly (e.g., due to external time pressure or anxiety) they were much more likely to evidence their disability. Working slowly seemed to allow adaptive, hypervigilant checking and re-checking. This process of checking and re-checking occurs automatically and outside of the youngster's awareness. However, being "slow" was more than adaptive in that task. It also had become an important aspect of their sense of self as a worker and a person. On projective tests and in psychotherapeutic explorations of their experience, pejorative feelings of not being "quick enough" and related anxious concerns about what others would think about them in this regard emerged repeatedly.

A large number of the students with whom I worked evidenced a much less adaptive strategy to compensate for their disability: avoidance. Again, feelings of being an "avoider," a "manipulator," "not being what one appears to be" loomed large in these youngsters' images of themselves. In addition, avoidance was a characteristic psychological defense. For example, instead of writing a paper to the best of their ability, they would sometimes plagiarize. Or, when hurt and angry at a friend, they would withdraw.

It seems that compensatory strategies and psychological defenses become significantly inter-related. It was striking to observe repeatedly that compensatory strategies seem to predict psychologically central characteristics in learning disabled students. The development of compensatory strategies seems to create a model for a variety of other types of defensive and adaptive patterns.

3. Rigidity

One of the most striking and consistent findings that emerged from the present investigation was that the children's, and particularly the adolescents' defensive and coping strategies were employed in a relatively rigid fashion. They tended to rely on a limited number of defensive operations which were utilized with little regard for the actual situation. However, acting rigidly also seemed to be an important aspect of their emerging character. That is to say, they tended to show an exaggerated and tense deliberateness of behavior. Their purposiveness often became intense and did not allow for deviation, distraction or spontaneity. Such a continuously deliberate, purposive and tense self-direction involves a special kind of self-consciousness. This rigidity was not a manifestation of any one character structure (e.g., obsessive-compulsive); it was an important aspect of functioning regardless of character type.

The youngsters studied seemed to feel that they were engaged in a special kind of battle to achieve a sense of mastery and avoid the experience of losing control, being inadequate and helpless. Rigidity seems to be the outcome of this battle and the solution to the struggle.

Being learning disabled clearly contributes to individuals doubting their

(continued on page 4)

Cohen *(continued)*

ability to be in control and avoid the repeated experience of helplessness. Acting in a rigid manner in the ways I have just described may help them feel more in control. In addition, it is possible that as learning disabled children anxiously struggle and then gradually learn what helps them to compensate for their disability and defend against the experience of helplessness, distress and depression, they tenaciously and rigidly maintain these coping strategies.

To the extent that this is a generalized finding among learning disabled children, it is an important one, because rigidity always significantly interferes with development — educational and psychological. Being rigid, by definition, is limiting and maladaptive. In fact, this rigidity is commonly a major educational and psychotherapeutic obstacle and needs to be a focus in remedial, educational and psychotherapeutic work with such youngsters. It is not uncommon for educational and psychotherapeutic achievements to be made with these children and adolescents. But if the rigidity is not identified and worked with, it will undermine integration and development.

Summary

In summary, a learning disability is initially only one developmental element. But it is an element that appears to set in motion a series of on-going psychological processes that become inter-related with various aspects of social functioning and development. Not only does the cognitive deficit directly and adversely affect psychosocial processes but they, in part, seem to organize the child and adolescent's interests, strengths, weaknesses, identity, experience of self and rigidity. In the learning disabled youngsters studied, there is a complex interaction between the cognitive deficit itself, the actual frustration and failure that it engenders, conscious and unconscious interpretations and anticipations of these events, self-experiences and emotionally-related repercussions. This set of events and responses are often mutually reinforcing and become interwoven into the character and evolving identity of the person.

Special education and remedial experts have tended to focus on the nature of the youngster's learning disability and more helpful and effective learning strategies. However, it is well known that the motivational and psychological problems that so often characterize learning disabled youngsters need to be addressed as well. In fact, by late childhood and early adolescence, the types of psychological factors that I have described are sometimes as problematic, if not more so, that the cognitive disability itself.

Psychological reactions to being learning disabled (e.g., a low level depression) can easily become a further source of scholastic failure and poor adjustment. We need to develop programs that not only help learning disabled persons cope with the disability, but its effects. For example, if it is often true that these youngsters act rigidly, we can and must develop psychoeducational programs to help them recognize this tendency and problem-solve in a more flexible manner. Teaching a youngster to analyze a task, to consider various solutions and then to act flexibly in the solving process and appraisal of results is never an easy or simple goal to achieve. But it is, I think, a particularly important example of a psychoeductional program that would address some of the findings presented here, and the psychological problems that so often characterize these children.

It is well known that unless learning disabilities are diagnosed and remediation is undertaken, such youngsters are at risk for emotional problems. The present findings suggest that these youngsters may be at risk even when their learning disabilities seem to have been diagnosed and treated. Educators, parents, mental health professionals and, perhaps most importantly, the youngsters themselves need to understand not only what specific weaknesses and strengths exist, but how the learning disability becomes inter-related with the conscious and unconscious aspects of expectations, memories, fears, images of self and others and characteristic styles of coping. This type of integrative understanding can and will aid learning disabled children and adolescents. It will also inform and support parents and educational, remedial and mental health professionals in their capacity to empathize more fully and work more effectively with these youngsters. ■

Note: This is a condensed version of a paper which was presented at the 36th Annual Conference of the Orton Dyslexia Society on November 16, 1985.

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A consistent and core aspect of LD children's self-representation is that of being painfully damaged, inadequate and vulnerable.

A Response: Further Comments on the Psychological Repercussions of Learning Disabilities

by Eva Lapidos

Dr. Cohen eloquently described in his article the psychological and social difficulties which learning disabled children and adolescents face. He made it abundantly clear that one cannot separate purely cognitive from personality factors. He elegantly documented what all of us working with learning disabled children have felt for a long time, namely that the psychological problems directly or indirectly related to the disability seem to take over by the time the children reach adolescence — particularly in the case of mild to moderate disabilities — and can become the crucial factor which determines the level of adaptation of the children.

In his description of personality functioning, he gave particular attention to the unconscious self-representations which the children develop because of their disability and clearly showed how these — largely negative — representations affect their academic and interactive experiences.

It is precisely to these unconscious negative self-representations and to the issue of how they come to be formed that I would like to address my comments.

My own impressions, derived from extensive work with learning disabled children and adolescents is that one of the decisive ingredients which goes into the making of those self-representations is the parents' own unconscious interpretation of the meaning of their children's condition. Dr. Cohen of course reiterated the importance of the responses of significant others, particularly parents, for the development of the children's self-image. He said that each child attributes his or her meaning to experiences of failure, frustration and helplessness and that there is no "one to one relationship between being learning disabled and having a given set of psychological features." In my view, this should be taken a step further and applied to the family as a whole. Each *family* responds differently and assigns its own meaning to the learning disability. Dr. Cohen expressed concern and disappointment that, even in the best of circumstances, the adolescents were still plagued by negative self-evaluations and low level depression. Perhaps more encouraging results could be obtained if more attention were focused on the parents' own unconscious representations of their child's disability. Helping parents understand the nature of their children's difficulties so that they can be more empathic and supportive might not be enough. There is a need, for those involved in the treatment of learning disabled children to explore the unconscious repercussions taking place in the parents' psyche. After all, for the parents as well as for the children the learning disability is never just a cognitive problem.

What then is likely to occur when a child who is "different" whether in subtle, hard to pinpoint ways or whether in unmistakable, blatant ways comes into the family?

Even before they come to a definite, verbally stated realization that something has gone astray and long before a clear diagnosis has been established, the parents are assailed with uneasiness, vague anxiety, puzzled concern and feelings of vulnerability which are a perfect sprouting ground for projections, especially because it is hard to grasp realistically what is going on. The current situation finds an uncomfortable echo in the past. Faced with children who present with "undesirable" or problematic features, the parents are at risk for the reemergence of old, unresolved childhood conflicts related to their relationships to their own families of origin. What they perceive as objectionable or annoying in their children reminds them, particularly because it is so difficult to define and understand, of what they thought their own parents found objectionable about themselves.

From then on, the learning disabled child is not just himself or herself but a repository of parts of the parents' ego which have been denied, rejected, put aside because of their forbidden or painful nature. This process takes place "silently", i.e., in the unconscious, which makes it all the more difficult to modify. It brings about in the parents painful feelings of loss, anger, disappointment, and guilt that they have produced "damaged" children. These feelings are attended by fantasises that this has happened because they are "damaged" or inadequate themselves or — in a difference scenario — "bad," and therefore subject to punishment for it. Such parents feel a sense of loss because their wish of magically making everything well in their relationships to their own parents through the production of intact children has been permanently shattered. Indeed, perhaps the theme of loss which Dr. Cohen observed in the fantasy productions of all the learning disabled adolescents he studied might be in some ways connected to the parents' own feeling of disappointment and loss that a cherished dream will never be realized. Finally, these parents experience anger — anger realized at being victims of this trick of fate, which is likely to ignite old aggressive angers toward their own parents and might result in a need to overidentify with their learning disabled children and act out through them, thus subtly encouraging maladaptive patterns.

I should like to mention at this point that the process of projection and projective identification which I have just described does not only occur in families with learning disabled children. It happens in families with "intact" youngsters to a mild degree and it happens in families with emotionally disturbed youngsters to an often devastating degree. The difference lies in the specific effects that a learning disability has on both parents and child. On the one hand, it robs the parents of a need to feel that they are good parents who can effectively bring up their children, thus awakening "bad self images." On the other hand, it makes the child more vulnerable, less grounded in reality, so that he or she will be less likely to ignore or fight off inadequate parental projections, and more likely to comply with them. Furthermore, the family's negative internal images become reinforced by repeated experiences of failure and humiliation. It seems that there is a subtle interplay of reality and fantasy which concurs to tax the coping devices of the family. No wonder then, that even in the best circumstances, depressive feelings are likely to affect both parents and children.

The complexity of the problem indeed calls, as Dr. Cohen recommended, for a multidisciplinary, in-depth treatment approach. A treatment example comes to mind: a bright 8 year old girl with a mild to moderate dyslexia started making definite strides in her school work and appearing happier and better adjusted only when her difficulties were treated in three different ways: remedial reading *and* psychotherapy sessions for her as well as psychotherapy for her mother by the same analyst. Only then could the girl escape her mother's projections of her own angry, messy and rebellious childhood self.

The academic and psychological needs of the youngsters need to be addressed *and* the families' conscious and unconscious representations of the disability and its repercussions need to be unravelled and worked through as well before truly creative coping mechanisms can be put into place. ■

Dr. Lapidos has a private practice in psychology treating children, adolescents and families. She supervises interns from the St. Luke's-Roosevelt Psychology Internship Program based in the Child Psychiatry Clinic.

Comments . . .

by Zina Steinberg

"Happy families are all alike; every unhappy family is unhappy in its own way."

Tolstoi

When I consider the murky field of learning disabilities, I am reminded of Tolstoi's memorable lines with which he begins *Anna Karenina.* It seems that children who succeed academically and socially in school, are at one fundamental level "all alike." The child who exhibits difficulty, on the other hand, can scarcely and certainly not parsimoniously be classified. Words and labels abound to describe him or her, but the labels belie the degree of diversity in the category. Dr. Cohen certainly understands the state of the art and even adds to the confusion by forcing us to consider complicated aspects of the child with learning problems — the personality concomitants. Perhaps we can say that he's asked us to consider how a child with a learning disability becomes a learning disabled child, defined by his or her problem. He impels us to think about how having a learning disability — even taking into account how diverse a category it is and how responsive an environment the child comes from, organizes a child's psychological development such that each child studied unconsciously thought of him or herself as damaged and vulnerable. Although the sample he studied is small and the data not empirically 'hard', his study should cause us pause. It forces us to step back from a singular approach to assessment and intervention and make substantial room for the child's meaning-making systems, dreams, fantasies, and conflicts, defenses and coping mechanisms. For without a firm perspective on this configuration of defense and coping mechanisms, it may be difficult for the teacher, parent, therapist, or even the child him/herself to activate the child's energy and drive towards compensation and success. It is essential that we learn to help the child anticipate the conditions (e.g. fatigue, stress, idiosyncratic conflicts) under which the learning disability, which Cohen terms "intermittent," becomes activated and thereby begin to decrease the defensive rigidity in the child's manner of approach. Children like those in Dr. Cohen's study need assistance in anticipating their anxiety and utilizing their coping skills before their anxiety turns to panic and disables them even further. By delineating these broad but pervasive characteristics, Jonathan Cohen provides an important reference point for the LD clinician.

But I wish to depart from the immediate focus of Dr. Cohen's article and from Tolstoi's dictum to an associated concern — not the learning disabled child *per se,* but the child who is not learning in the manner and pace expected, the child with a "learning problem". Dr. Cohen's distinction seems to be the child with a neurologically-based difficulty vs. the child who has a problem with learning for a multiplicity of other plausible reasons. (I wish to note that the field does not always successfully distinguish between these groups.) I focus now on that distinction, as it was disheartening to me how often in Dr. Cohen's findings as presented in his article these two groups overlapped in terms of psychological development and difficulties. And I wish to raise here the "Pandora's Box" question of what we as educators and parents are doing to help create a large segment of children with learning problems, children who according to Dr. Cohen, are "giving up" at an increasingly early age and sensing themselves as, if not already believing themselves to be, inadequate and incompetent.

There are astounding pressures on our children to do exceedingly well in school.

Much has been written recently about the astounding pressures on our children to do exceedingly well in school. This pressure has increasing range and depth; we expect them to achieve according to test standards at younger and younger ages (witness the movement, though temporarily defeated, to give standardized reading tests to New York City first graders). We expect them to achieve equally well in a wide range of areas (e.g., violin at 4, gymnastics, reading and computers at 5). Play, free-time, time for wonder and reflection seems less valued — certainly less talked about. A friend recently stated that in a brief historical moment, progressive education has been made "regressive"in this hot-house climate of expectations. There is evidence that boys mature more slowly than girls socially, and that their auditory processing skills, important in language learning, are also slower to develop and stabilize. Yet we persist in asking them to perform school tasks with increased language-based complexity at earlier ages. Boys already greatly exceed girls in our diverse population labelled LD. Do we feel compelled to enlarge that population? At what cost to the child? To our society? According to a significant study from the National Assessment of Education Progress, (cited in *Harvard Education Letter,* Vol. 2, No. 2, March 1986), if instead of admitting to kindergarten boys who will be 5 by January, we changed the cut-off date to September, we would reduce the number of school failures significantly. Such a decision would not only be cost effective, but according to Cohen's research, of great psychological importance to the many children who otherwise might join the forces of those who view themselves as incompetent and inadequate.

In another study (also cited in the March, 1986 *Harvard Educational Letter*) by Texas researcher Cleborne Maddux, one-half of his sample of 374 learning disabled children were in the youngest third of the class. In contrast, over 60% of those children in a 'gifted program' in a large suburban school district were in the older half of their class. I am impressed by these findings, certainly not as a panacea for all learning problems, but as a curious and potentially non-intrusive way of eliminating some of the pressure on our children. For if it is possible that an extra year to grow and develop before beginning first grade with its concomitant focus on reading and writing might change the school careers of even a small proportion of our children, it is worthy of serious consideration. In the *New*

(continued on page 7)

Steinberg *(continued)*

York Times, (April 22, 1986) Fred Hechinger reported on a 15-year study by the High/Scope Educational Research Foundation which reviewed the effects longitudinally of three models of early childhood programs — two of which were child-centered and oriented to learning through play (with some significant differences which will not be discussed here) and one of which was a very teacher-directed, programmed learning experience, geared to early word attack skills and based on the behaviorist theory of B.F. Skinner. Twelve years later, the children in this last group exhibited twice as many delinquent acts and instances of drug abuse, etc., as the children in the other two groups. They also had poorer family relationships, and far less self-esteem. Pressuring children to read early and to perform in a narrowed academic range not only can leave a percentage of children feeling incompetent and ineffective, but can result in large-scale costs to society as well. David Weikert, author of the study, notes in reference to compulsory education for 4 year olds, that it is not early childhood education that is at fault; indeed, he supports the concept fully. The problem is instead the pressure-cooker approach that removes "childhood" and all that that word connotes from the educational experiences of 4 year olds.

I am appreciative to Jonathan Cohen for his look at the meaning of school failure to the individual child and am especially taken by the degree to which the non-LD child who is also experiencing learning problems feels vulnerable and unworthy. When we narrow our range of what we see as "normal" academic and social performance, we broaden the population that experiences learning problems. As a result, the child with the intermittent learning disability suffers, as the resources available need to be divided among too many children, and the nature of their very real and painful disability becomes trivialized. The children with learning *problems* (as opposed to learning *disabilities* which Jonathan Cohen hypothesizes as being neurologically-based) suffer in an equally detrimental way. The lens of normality narrows and instead of educational policy becoming more responsive to increasingly well-documented developmental theory, the child is blamed, labelled and seen as damaged. Worse still, as still, as Dr. Cohen informs us, he/she believes it too! ■

Dr. Steinberg teaches in the graduate program in Clinical Psychology at the New School for Social Research in New York City. She is on the faculty of Clinical Psychology at CUNY. In addition, she has a private practice in Manhattan.

1986 Resolutions by Elizabeth, Churchill School

1. No interrupting the teachers
2. I do my homework when I get home
3. No more fighting with my brother
4. No more breaking things.
5. No more falling over in my chair.
6. No more letting mean people use my bike
7. No more talking to Atticus while doing my homework
8. Wear my new coat
9. Be nice to Rita
10. And Patrick

LD AND PSYCHOLOGICAL DEVELOPMENT

Dear Reader:

Although the distinction often made between children with neurologically based difficulties and children with learning problems rooted in any number of other reasons is a fuzzy one, it is important that we, as parents and educators, endeavor to understand what gives rise to these difficulties and, more importantly, to continue to develop methods to address the needs of such children. In this issue of the *Forum*, we present the opinions of three professionals in the field in the hopes that this process will be facilitated.

Harry S. Valentine
Founder
The Churchill School

Churchill Forum

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The Churchill School and Center for Learning Disabilities, the Foundation for Children with Learning Disabilities, and Resources for Children with Special Needs, Inc., are coordinating a major conference to be held at Pace University in New York City on October 29, 1986. The Conference is entitled "Exploring the Vocational Needs for Young People with Learning Disabilities. For more information, please contact the Churchill School and Center (212) 722-0610 or write to the Churchill School and Center, 22 E. 95th Street, New York City, N.Y. 10028.

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